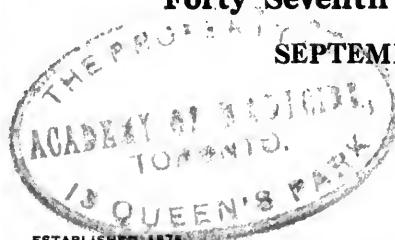


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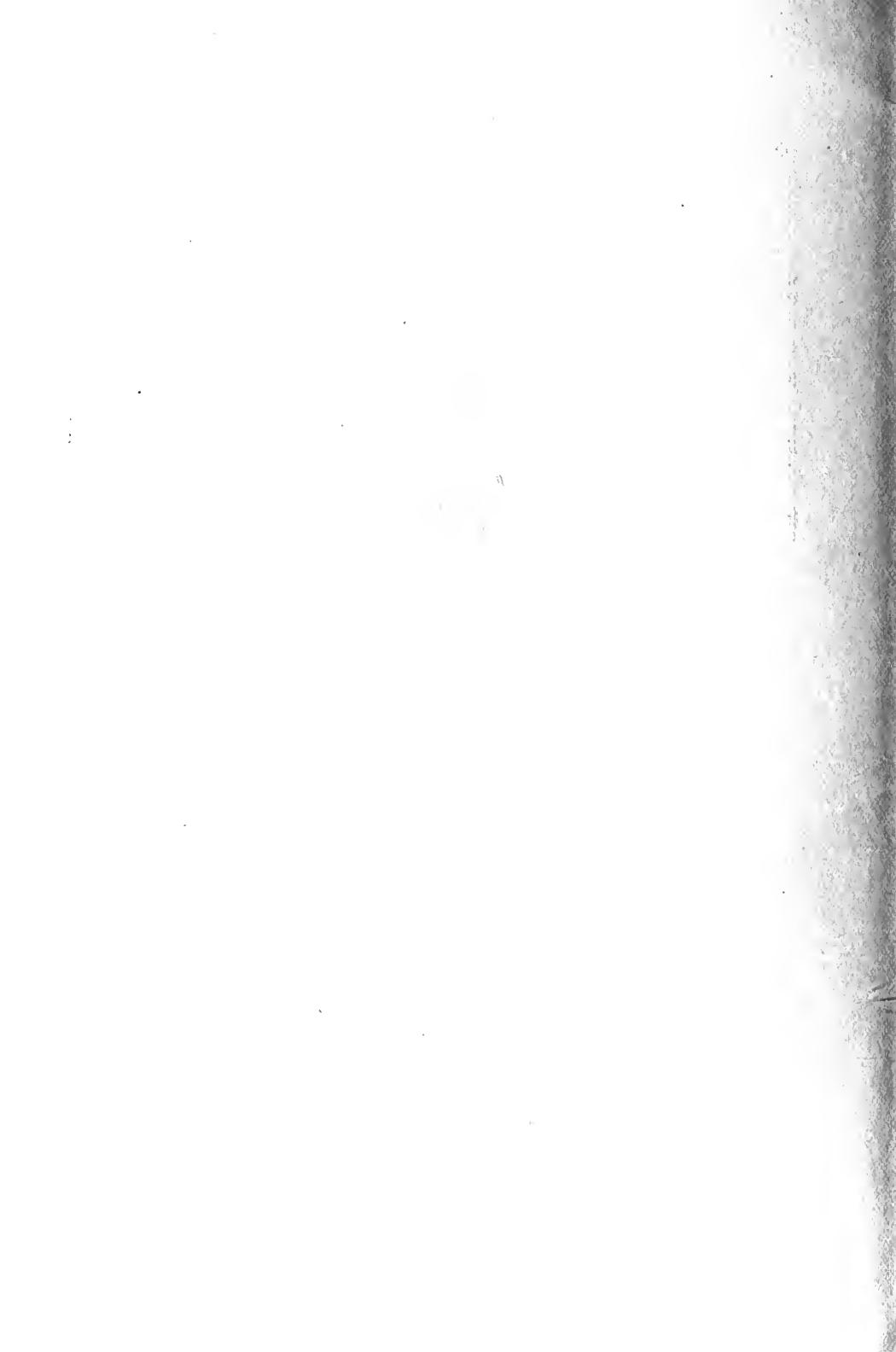


THE  
**Hospital for Sick Children**  
67 COLLEGE STREET, TORONTO  
CANADA

**Forty Seventh Annual Report**  
**SEPTEMBER, 1922**



ESTABLISHED 1875



# The Hospital for Sick Children

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Bacteriology—  
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Dr. Lola MacLatchie

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Fellow in Pediatrics  
Dr. Frederick Tisdall,  
Fellow in Pediatrics

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### Assistant Surgeon—

Dr. C. E. Hill

### Clinical Assistant—

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Dr. Bruce Robertson

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Dr. R. I. Harris

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Surgeon-in-Chief

Resident Physician—Dr. Stanley Graham

Resident Surgeon—Dr. J. L. McDonald

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Dr. C. R. McCovrie  
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Dr. G. F. Watson

# The Hospital for Sick Children

and

## The Lakeside Home

### 47TH ANNUAL REPORT

#### CHAIRMAN'S ADDRESS

The year 1922, the forty-seventh in the annals of The Hospital for Sick Children, again shows a great increase in the work and results to be recorded.

Last year it appeared as though the limit had been reached, but the ever-increasing demand has resulted in the in-patients' days exceeding those of 1921 by 3,620, making a total of 93,509. In the Out-Patients' Department the treatments totalled 58,582, or an increase of 1,008.

The largest number of in-patients ever recorded in previous years for one day was 307, but this year's peak figure reached 333, and for three months the average daily number was 313.

It will thus be seen that the public is increasing steadily its demands on the services of the Hospital.

The time has passed when hospital treatment was practically confined to the giving of lodging, food and physic; and in place thereof the Hospital has become an institution with many branches of specialized service, each functioning towards the proper treatment of patients and the prevention of disease.

In the Out-Patients' Department, more particularly, efforts are concentrated not only on the cure and prevention of disease, but also on the education of parents along lines to be followed in order to minimize sickness and otherwise to help in raising healthy families.

The closest co-operation exists between the Public Welfare Department of the City of Toronto and the Hospital, and the records of the Health Department bear evidence of the good results obtained.

The enthusiasm and unflagging energy displayed by the Medical and Surgical Staffs have been matters of gratification to the members of the Board.

In no way could The Hospital for Sick Children have been more fortunate than in having upon its Medical and Surgical Staffs so many of Toronto's leading practitioners. They give their time generously and they give it gratis. To them the Hospital, through its Trustees, desires to express its gratitude for freely-given services which place the whole community under an obligation.

For particulars of the work done I would refer the reader to the respective reports of the Chiefs of the services.

The research work in the Pathological and Nutritional Laboratories has greatly increased, and their reports are followed closely by all interested in such work. This has been found of great benefit, not only to this Hospital, but to institutions and practitioners throughout the Continent; but the cost weighs heavily on the Hospital's operating charges.

#### FINANCE.

It is with pleasure that I report a decrease in the cost of operating. More patients were cared for and more research work was done than ever before, and the operating costs were decreased practically a dollar per day for each in-patient.

The result of our annual appeal to the public for contributions showed the financial stringency prevailing, and the number of contributors, as

well as the size of the amounts, showed a falling off. It is very gratifying to be able to report, however, that the City of Toronto very generously granted the substantial sum of \$89,788.42 toward the 1921 deficit.

The accounts, at the end of the Hospital year 1921, showed a bank overdraft of \$141,625.92, which, with the accounts payable, made a liability aggregating \$159,478.17.

This year closed with an overdraft of \$49,629.09 and accounts payable of \$3,452.04, a total of \$53,081.13, or a decrease of \$106,397.04.

The Estate of the late John Ross Robertson contributes \$10,000 per annum towards current expenses. Apart from this and two other small funds the Hospital has had no endowments. Efforts are being made to obtain such funds, and also to provide for the additional buildings which must inevitably be constructed, if the sick children in this province are to receive the benefits of this ably-staffed and well-equipped Institution.

The Trustees acknowledge, with gratitude, bequests from the following Estates:

Robt. Awde, Denver, Col., \$102; Benjamin Allen, Toronto, \$100; Julia S. Hart, Toronto, \$50; Dorina Baker, Toronto, \$300; Dr. Allen M. Baines, Toronto, \$2,250; Wm. Ramsay Charities, Bowland, Scot., \$200; C. Cottrell, Collingwood, \$50; E. E. Croft, Toronto, \$1,000; E. M. Calvert, Toronto, \$2,000; Dr. Daniel Clarke, Toronto, \$780.76; Eliza Jane Cawthra, Toronto, \$1,000; J. L. Englehart, Toronto, \$2,500; John Edgeworth, Toronto, \$500; Sam Frenkel, Toronto, \$500; Peter Freyseng, Toronto, \$200; E. A. Forster, Toronto, \$1,104.92; James Ferguson, Village of King City, \$500; Rev. T. W. Glover, Toronto, \$75; Rev. John Gibson, Toronto, \$177; J. A. Halstead, Toronto, \$657.19; Dr. Andrew Orr Hastings, Toronto, \$216.66; M. A. Heal, Port Perry, \$220.25; Herman Heintzman, Toronto, \$1,000; Margaret Heney, Toronto, \$1,334.54; E. M. Houghton, Toronto, \$30; Mrs. Emily Ivens, Toronto, \$100; James Henry, Brantford, \$250; Chas. Lundy, Newmarket, \$500; Maey Mason, Toronto, \$100; H. J. L. Morphy, Niagara Falls, Ont., \$100; Benj. Musselman, Toronto, \$10; R. R. Newborn, New Toronto, \$19.45; Mary A. Patterson, Almonte, \$467.96; John Patterson, Toronto, \$500; Margaret Pickett, Milton, \$10,500.31; Joseph Pinder, Toronto, \$250.00; Mary Pollard, Toronto, \$20.38; A. E. Rodgers, Toronto, \$48.44; J. Ross Robertson, Toronto, \$15,470.69; Wm. Rickard, Toronto, \$2,000; J. P. Rogers, Toronto, \$200; M. E. Stevenson, Toronto, \$1,000; Wm. Warren, Montreal P.Q., \$275; A. Matilda Waring, Picton, \$202.60; Chas. Nelson White, Toronto, \$2,086.30; Henry Woods, Aylmer, \$1,625.00. Total—\$52,554.45.

There are no Private Wards, and only a small number of the beds are occupied by semi-private patients. There is a deficit on every patient every day, and only by the generosity of the public are the doors of this Hospital kept open. The alleviation of the suffering and the saving of lives of little children is equally important to the City and to the Province. This is sufficient reason why the residents of the City and Province should contribute generously.

In February, 1922, Miss Florence J. Potts, who had for many years served the Hospital, and to whose efforts much credit is due for the able way in which the work in this Institution was carried on, resigned her position as Superintendent. Miss Potts carries with her the appreciation of the Board and their sincere wishes for her continued success in her life work.

Mr. Watson Swaine, who was appointed Superintendent and Secretary-Treasurer, has given most loyal and efficient service, which has been much appreciated by the Trustees.

Miss Kathleen Panton, now Assistant Superintendent, and Superintendent of Nurses, has given most enthusiastic and able service, and has been untiring in her efforts to maintain and improve the efficiency of the nursing staff.

For the Trustees,

H. H. WILLIAMS,

Chairman.

## Cots Named in Perpetuity by Payment of \$2,000

Name of Cot.	Est'd	By Whom Established.
The Orillia Cot	1880	The People of Orillia.
Independent Order of Oddfellows' Cot, No. 1	1883	Toronto General Relief Board.
Ministering Children's League Cot	1887	Ministering Children's League, Toronto.
The Isabelle Cot	1887	Mrs. Walter Cassels, Ottawa.
Mary Pollard Cot	1889	Bequest of Mrs. Pollard, Toronto.
The James Hervey Price Cot	1891	Miss Price, Toronto.
The Richard Dunbar Cot	1891	Mrs. Richard Dunbar, Toronto.
The Charlotte Lewis Cot	1891	Aemilius Irving, Toronto.
The Canadian Children's Cot	1892	The Children of Canada.
Grand Lodge Canada, A.F. & A.M. Cot, No. 1	1892	The late J. Ross Robertson, Toronto.
Little Will's Cot	1892	Mrs. Wm. LaIDLAW, Toronto.
"God Is Love" Cot	1893	Mrs. M. E. Davies, Toronto.
The Boilermakers' Cot	1894	Bequest of Neil Currie, Toronto.
The Maria Louisa Robertson Cot	1895	The late J. Ross Robertson, Toronto.
Memory of Sarah McLellan Waddell Cot	1895	Roland M. Boswell, Jr., Fergus.
Ruth Lillian Cot	1896	The late W. E. H. Massey, Toronto.
The Margaret Sinclair Robertson Cot	1896	The late J. Ross Robertson, Toronto.
"In Memoriam" Cot	1896	Mrs. Wm. Davies, Toronto.
The Royal Arch Masons' Cot, No. 1	1897	Grand Chapter of Canada, R.A.M.
The Victoria Diamond Jubilee Masonic Cot	1897	Freemasons of Toronto.
Grand Lodge Canada, A.F. & A.M., Cot No. 2	1897	Grand Lodge of Canada, A.F. & A.M.
The Edward Mitchell Cot	1897	The late J. Ross Robertson, Toronto.
The John Burton Memorial Cot	1897	James Carruthers, Montreal.
The Board of Trade Cot	1897	James Carruthers, Montreal.
The Madeline Cot	1898	The late W. E. H. Massey, Toronto.
The Ontario Newspaper Men's Cot	1898	Newspaper Proprietors of Canada.
The Ontario Public School Children's Cot	1898	Public School Children of Ontario.
The Toronto Public School Children's Cot	1898	Toronto Public School Children.
The Zetland Masonic Cot	1898	Zetland Masonic Lodge, 326, Toronto.
In Memoriam Neil and Donald Currie Cot	1898	Bequest of Mrs. Neil Currie, Toronto.
The Ontario Sabbath Schools' Cot	1899	Sunday Schools and Churches, Ontario.
The Lumbermen's Cot	1899	Lumbermen of Ontario.
The Ontario Postmasters' Cot	1899	Postmasters in Ontario.
The William Gooderham Cot	1900	Bequest of Wm. Gooderham, Toronto.
The Mrs. Eagle Cot	1900	Bequest of Mrs. Eagle, Toronto.
The Joseph Ketterson Cot	1900	Bequest of Jos. Ketterson, Toronto.
The T. P. B. Stewart Cot	1900	Bequest of T. P. B. Stewart, Toronto.
The Alexander Lawrie Cot	1900	Bequest of Alex. Lawrie, Toronto.
The John Tucker Cot	1900	Bequest of John Tucker, Toronto.
The H. A. Massey Cot	1900	Bequest of H. A. Massey, Toronto.
The Jane Porter Cot	1900	Bequest of Mrs. J. Porter, Toronto.
Sir Edmund B. Osler Cot	1900	Sir E. B. Osler, M.P., Toronto.
The Henry Edward Clarke Cot	1901	Beq. Mr. & Mrs. E. H. Clarke, Toronto.
The Royal Arch Masons' Cot, No. 2	1902	Grand Chapter of Canada, R.A.M.
Alice M. Cameron Cot	1902	Alfred B. Cameron, Toronto.
The McGregor Cot	1903	The late Miss C. Morison, Toronto.
The Nano Varde Cot	1905	By Public Subscription.
The W. F. Maclean Cot	1905	W. F. Maclean, M.P., Toronto.
The Henry Adams Cot	1905	Bequest of Henry Adams, Whitby.
The George W. Lewis Cot	1905	Bequest of Geo. W. Lewis, Toronto.
The John Lyman Cot	1905	Bequest of John Lyman, Syracuse.
Lady Victoria Grenfell Cot	1907	The People of Canada.
Helen Agnes Cockburn Cot	1907	Mr. & Mrs. F. J. Cockburn, Quebec.
The Will Steward Cot	1907	Mrs. Lucy R. Steward, Toronto.
The William Christie Cot	1907	Messrs. Christie Brown Co., Toronto.
Frank Elmore Harris Cot	1907	Beq. of Rev. Dr. E. Harris, Toronto.
James Seal Cot	1908	Mrs. James Seal, Toronto.
The Alexander Manning Cot	1908	Bequest of Alex. Manning, Toronto.
Tommie Cot	1909	Mrs. T. G. Blackstock, Toronto.
Bruce Lawlor Kingswell Cot	1910	Mr. and Mrs. E. C. Kingswell, Hailybury.
The Charles Cockshutt Cot	1910	Bed. of Chas. Cockshutt, Toronto.
H. H. Williams Cot	1910	H. H. Williams, Toronto.
The Robert Henry Knowlton Cot	1910	W. H. Knowlton, Toronto.
B. Frank Bull Cot	1911	T. H. Bull, Toronto.
A. E. Kemp Cot	1911	Hon. A. E. Kemp, M.P., Toronto.
Margaret Baldwin Cot	1911	Mrs. Bessie M. Baldwin, Toronto.
Isabella Forster Cot	1911	Bequest of A. E. Forster, Toronto.
The Walter Cot	1911	Mrs. D. H. L. Gordon, Toronto.
Sammie M. Haight Cot	1912	Mrs. J. V. Teetzel, Toronto.
Jessie Dickson Wright Cot	1912	Beq. of Mrs. J. D. McCulloch, Toronto.
J. Herbert Mason Cot	1912	Beq. of J. Herbert Mason, Toronto.
The Thomas Walmsley Cot	1912	Beq. of Thos. Walmsley, Toronto.
The Rice Lewis Memorial Cot	1913	Mrs. M. Lewis Gooderham, Toronto.
The Charles S. Rumsey Cot	1913	Mrs. C. S. Rumsey, St. Mary's.
The John S. Moran Cot	1913	Bequest of J. S. Moran, Toronto.
The Mary Wakefield Cot	1913	Bequest of G. Wakefield, Toronto.
The Jessie L. Garland Cot	1913	A Friend.
The Pilton Cot	1914	Beq. of Miss E. F. Hine, Toronto.
The Henry Cargill Cot	1914	Beq. of Mrs. M. Cargill, Cargill, Ont.
The Mary Bain Gillies Cot	1914	Mrs. Helen McEwen, Toronto.
The William D. Michael Cot	1914	Bequest of Mrs. D. Michael, Toronto.

## COTS NAMED IN PERPETUITY BY PAYMENT OF \$2,000—CONTINUED.

Name of Cot.	Est'd	By Whom Established.
The James Robertson Cot	1914	Mrs. Jane L. Robertson, Toronto.
The Ontario Hockey Association Cot	1914	Ontario Hockey Association.
The Margaret Cargill Cot	1914	Mrs. W. H. Bennett, Midland, Ont.
The Sir Aemilius Irving Cot	1914	L. H. Irving, sisters and brothers.
The Eugene O'Keefe Cot	1915	Beq. of Eugene O'Keefe, Toronto.
The J. I. Carter Cot	1915	Bequest of J. I. Carter, Sarnia.
The Eliza Ann Simmons Cot	1915	Beq. of D. L. Simmons, Coborne.
The D. L. Simmons Cot	1915	Beq. of D. L. Simmons, Coborne.
The Mrs. E. C. Whitney Cot	1915	E. C. Whitney, Ottawa.
The John Helm Cot	1915	Bequest of John Helm, Port Hope.
In Memoriam, Ella and Tom Baines Cot	1915	Dr. Allen Baines, Toronto.
The Misses Minnie Gregg Cot	1915	T. A. Gregg, Toronto.
Sir John C. Eaton Cot	1916	The late Sir John C. Eaton, Toronto.
The Mrs. H. H. Williams Cot	1916	H. H. Williams, Toronto.
Rev. John Anderson Cot	1916	Beq. of Rev. J. Anderson, Toronto.
The E. S. Williamson Cot	1916	Dickens Fellowship, Toronto Branch.
The Beverley Swabey Cot	1917	Mrs. Florence Swabey, Toronto.
The Ellen Forgie Cot	1917	Beq. of Miss E. Forgie, Smiths Falts
The Mrs. Mary Ann Gegg Cot	1917	E. Gegg, Toronto.
The David Smith Keith Cot	1917	Bequest of D. S. Keith, Toronto.
The Jessie Mary Keith Cot	1917	Bequest of D. S. Keith, Toronto.
In Loving Memory of George Harris and Nettle Rathbun Hees Cot	1917	By their children, Toronto.
The Lieut. Evan Ryrie Cot	1917	W. P. Ryrie, Toronto.
The George R. and Ralph Cockburn Cot	1917	Beq. of Mrs. M. E. Cockburn, Toronto.
The Edward Drummond Fraser Cot	1917	Mrs. Edward D. Fraser, Toronto.
The Frederick Charles Heyd Cot	1917	Mr. Heyd, Brantford.
The Thomas Ferris Jenkins Cot	1918	Thomas Jenkins, Toronto.
The Howard P. Primrose Memorial Cot	1918	Dr. and Mrs. A. Primrose, Toronto.
The W. A. Orr and Wife Cot	1918	Beq. of Mrs. A. L. Orr, Toronto.
The Anthony W. Croft Cot	1918	Beq. of Mrs. Eliza E. Croft, Toronto
Walter J. Barr Cot (To commemorate 50th business anniversary, 1868-1918)	1918	Walter J. Barr, Toronto.
In Memory of Samuel Trees Cot	1918	By his son, Lt. C. F. Trees, Toronto.
The J. B. McColl Cot	1918	Mrs. Emma McColl, Toronto.
The John Ross Robertson Cot (Boys)	1918	Est. of J. Ross Robertson, Toronto.
The John Ross Robertson Cot (Girls)	1919	Est. of J. Ross Robertson, Toronto.
The J. Ross Robertson Memorial Cot	1919	Mrs. Jessie Ross Robertson, Toronto.
The Janet Lang Merritt Cot	1919	Beq. of Col. Wm. Hamilton Merritt, St. Catharines, Ont.
The William Hamilton Merritt the Younger	1919	Beq. of Col. Wm. Hamilton Merritt, St. Catharines, Ont.
The Laurie Wilson Memorial Cot	1919	Mr. & Mrs. P. T. Wilson, Toronto.
Gunner Jardine Turner Wilson Memorial Cot	1919	Mr. & Mrs. P. T. Wilson, Toronto.
St. Andrew's, A.F. & A.M. ....	1919	St. Andrew's Lodge, No. 16, A.F. & A.M., Toronto.
Parkdale Soldiers' Comforts Memorial Cot	1919	Parkdale Soldiers' Comforts Society, Toronto.
The Woodgreen Sunday School Leonora Vaughan Cot	1919	Woodgreen Meth. S.S., Toronto.
Capt. Norman Victor Cliff, M.C. & Bar, Cot, 3rd Battalion, killed at Arras, Aug. 30, 1918	1920	G. J. Cliff, sister and brothers.
The Heather Club Chapter, I.O.D.E., Cot	1920	Heather Club Chapter, I.O.D.E., Toronto.
The Mrs. Mary Prue Mara Cot	1920	Beq. of the late Mrs. Mary Prue Mara, Toronto.
Ind. Order of B'Nai B'Rith (to commemorate Toronto, No. 836, First Anniversary, March, 1920)	1920	Ind. Order B'Nai B'Rith, Toronto, Lodge 836.
In Memory of Captain John Robinson Woods Cot	1920	Sir James W. Woods and Lady Woods, Toronto.
The McRoberts Cot	1920	By the McRoberts Estate, Toronto.
The T. and G. Morgan Cot	1920	By the Estate of the late George Morgan, Markham, Ont.
Cot in Memory of Lieut. Christopher F. Trees, 1918	1920	By Mrs. Jane F. Trees and Estate of the late Lt. C. F. Trees, Toronto.
The Geo. H. Forbes Cot	1920	By his son, Chas. J. Forbes, Toronto.
In Memory of Euphemia Fenwick	1920	Mr. and Mrs. W. D. McIntosh, Toronto.
The Jane J. Price Cot	1920	The heirs of the Estate.
The William McIlwraith Cot	1921	Estate of William McIlwraith, Burford.
The Baby June Monk Cot	1921	Mrs. W. G. Monk, Toronto.
In Loving Memory of Salem Griswold Kitchen	1921	Mrs. S. G. Kitchen, St. George, Ont.
The W. A. Kemp Cot	1921	Mrs. W. A. Kemp and Family, Toronto.
The M. E. Bowbeer Cot	1921	Est. of Miss M. E. Bowbeer, Milton.
The A. Greenly Cot	1921	Estate of Alfred Greenly.
The Thomas Long Cot	1921	Estate of Thomas Long, Toronto.
The H. W. Petrie Cot	1921	H. W. Petrie, Esq., Toronto.
The Brampton S. Children's Cot	1921	Sunday Schools in Brampton.
Scns of England Founders' Memorial Cot	1921	Supreme Lodge, S.O.E., Toronto.
Corinthian Masonic Cot, No. 481, G.R.C., dedicated to the memory of James Forsyth Murray	1921	Corinthian Masonic Lodge, No. 481, G.R.C., Toronto.

## COTS NAMED IN PERPETUITY BY PAYMENT OF \$2,000—CONTINUED.

Name of Cot.	Est'd	By Whom Established.
The F. M. Bell-Smith Cot, Dickens Fellowship Memorial	1921	Dickens Fellowship Society, Toronto
The John Ross Robertson Masonic Cot	1921	The J. Ross Robertson Lodge, No. 545, G.R.C., A.F. & A.M., Toronto
The Margaret Roether Morrison Cot	1922	Mr. S. Roether, Toronto.
“She gave her life for a Child”	1922	Prime & Rankin, Limited, Toronto.
The Prime & Rankin, Limited, Cot	1922	The late Mrs. E. M. Calvert, Toronto.
The Barrett Cot, No. 1	1922	The late Mrs. E. M. Calvert, Toronto.
The Barrett Cot, No. 2	1922	All Saints’ Sunday School, Toronto.
The All Saints’ Alpha Cot	1922	Mrs. H. E. W. Green, Toronto.
The George Anderson Memorial Cot	1922	Est. late William Rickard, Toronto.
The Mabel, Willie and Katie Cot	1922	H. W. Fitton, Brantford, Ont.
The Lilius Fitton Cot	1922	

## COTS NAMED BY PAYMENT OF \$100 ANNUALLY.

St. Paul's S. S. Cot	1886	St. Paul's (Anglican) S.S., Toronto.
Toronto Police Cot	1891	Toronto Police Force.
Nora and Ernest Cot	1896	Harris H. Fudger, Toronto.
Toronto Fire Department Cot	1898	Firemen of Toronto Brigade.
The Dorothy Fulford Hardy Cot	1901	Mrs. A. C. Hardy, Brockville.
The Thomas Thornton Cot	1905	Mrs. H. N. Smith, Fort Erie.
Jean Evelyn Boeckh Cot	1910	Mrs. E. C. Boeckh, Toronto.
Toronto Saturday Night Cot	1910	“Saturday Night,” Limited.
Massey-Harris Cot	1910	Massey-Harris Co., Toronto.
Hannah Walker Cot	1911	T. L. Walker, Toronto.
The Zeta Masonic Cot	1911	Zeta Lodge, 410, A.F. & A.M., Toronto.
St. Peter's Anglican S. S. Cot	1912	St. Peter's (Anglican) S. S., Toronto.
“The Lord's Tenth” Cot, in memory of J. H. G., Winnipeg	1912	Mrs. Thos. H. Cleghorn, Toronto.
The George and Louisa Hale Cot	1914	Misses C. and H. Haie, Toronto.
The Ria New Cot	1915	Ryland H. New, Toronto.
The Dorothy Dods Cot	1916	John M. Dods, Orangeville.
The Marion McLaren Cot	1918	Mr. D. McLaren, Toronto.
The Elbridge Burden Cot	1919	A Friend.
The James Giffen-Cot	1919	Beq. Mr. Jas. Giffen, Brampton.
The Lieut. J. Harry Knox Cot	1919	Mrs. Harvey Knox, Toronto.
The John D. Ivey Cot	1919	Mr. A. M. Ivey, Toronto.
The Mary Bailey Thornton Cot	1919	Mrs. Herbert N. Smith, Fort Erie.
Major Walter Eyre Curry Cot	1919	Mr. and Mrs. S. G. Curry, Toronto.
The Dempster Thanksgiving Cot	1919	Mr. and Mrs. J. Dempster, Toronto.
The Letitia Woodward Cot	1920	Mr. Chas. L. Wisner, Toronto.
The Capt. Murray H. Paterson Cot	1920	Miss J. D. Paterson, Chatham, Ont.
The Wohelo Cot	1920	Young Ladies’ Bible Class, Deer Park Presbyterian Church, Toronto.
In Memory of Murray Neilson	1920	Mr. Morden Neilson, Toronto.
The Isobel Routly Cot	1920	Mr. H. T. Routly, Toronto.
The Wheaton Cot	1920	Mrs. C. F. Wheaton, Toronto.
The St. Christopher Cot	1920	St. Christopher’s House, Toronto.
The A. B. Beverly Cot	1921	Mrs. A. B. Beverly, Toronto.
The Herbert J. Hamilton Cot	1921	Mrs. W. G. Howell, Guelph, Ont.
The Ruth Cot	1921	Mr. C. O. Strange, Toronto.
The Danforth Meth. Young Men’s Cot.	1921	The Young Men of Danforth Methodist Church, Toronto.
Employees, H. W. Petrie, Limited, Cot	1921	Employees H. W. Petrie, Limited.
Runnymede Children’s Community Cot	1921	The Children of Runnymede.
The Ulster Lodge Masonic Cot	1922	Ulster Masonic Lodge, Toronto.
The Fort William Public Schools Cot	1922	Fort William Public Schools.
The Transportation Lodge Cot, A.F. & A.M. No. 583	1922	Transportation Lodge, No. 583, Toronto.
The No. 78 Tillsonburg Cot	1922	King Hiram Lodge, No. 78, A.F. & A.M., Tillsonburg, Ont.
The Galt Lodge, No. 257, A.F. & A.M., Cot	1922	Galt Lodge, No. 257, A.F. & A.M., Galt.
Employees Provincial Paper Mills, Limited, Port Arthur Division, Cot	1922	Provincial Paper Mills, Limited, Port Arthur, Ont.
Tuscan Lodge, No. 541, A.F. & A.M., Cot	1922	Tuscan Lodge, 541, A.F. & A.M., City.
In loving memory of Sir John Eaton	1922	The McCrea Family.
“Invincible Trailblazers” Eaton Memorial Sunday School Cot	1922	The Timothy Eaton Memorial Church, Toronto.
Commercial Travellers’ Association of Canada Cot	1922	Commercial Travellers’ Association of Canada.

## COTS NAMED IN PERPETUITY IN

The Allan Norman Cot	1892	Mr. and Mrs. G. A. McKenzie.
Sigma Beta Sorority Westbourne School Cot	1905	Westbourne School, Toronto.
The Royal Arch Masons’ Cot	1908	Grand Chapter of Canada, R.A.M.
The Mikado Cot	1909	Mr. Kenji Ishikawa, Yokohama, Japan.
Mother’s Cot	1911	Mr. & Mrs. A. McCredie, Chippawa.
The Louise Blossom Gun Munro Cot	1912	Mr. E. C. Gun, Cleveland, Ohio.
Augusta Louise Irving Cot	1914	Mrs. L. Sutherland, Montreal, and Mrs. A. Jarvis, Toronto.
The James MacLennan Cot	1915	Hon. James MacLennan, Toronto.
The J. I. Carter Cot	1915	Beq. of late Mr. J. I. Carter, Sarnia.
The Mrs. Minnie Gregg Cot	1915	Beq. late Mr. T. A. Gregg, Toronto.

## THE LAKESIDE HOME FOR \$500.

**COTS NAMED IN PERPETUITY IN THE LAKESIDE HOME FOR \$500—CONTINUED.**

Name of Cot.	Est'd	By Whom Established.
Edith K. Thompson Memorial Cot .....	1916	Mrs. K. Thompson and Daughters, Belleville.
The Thomas Davies Cot .....	1917	Bequest late Mr. T. Davies, Toronto.
Zeta Psi Service Cot .....	1919	Theta XI. Chapter, Toronto.
In Memory of John and Eunice Mooney Cot .....	1917	Mary A. Mooney, Inverness, Que.
The Joseph T. Slater Cot .....	1919	Bequest of the late Mrs. Kate L. Slater, Toronto.
The T. R. White Cot .....	1919	Mrs. Thos. R. White, Alliston, Ont.
The Ernest B. Cook Cot .....	1920	Mrs. Sarah Cook, Toronto.
The Bruce Adair Morrison Cot, in memory of Marguerite Roether Morrison ..	1921	Mr. S. Roether, Toronto.
The H. W. Petrie Cot .....	1921	H. W. Petrie, Esq., Toronto.
The Margaret Heney Cot .....	1922	Estate of the late Mrs. Margaret Heney, Toronto.
Northern Congregational Sunday School Cot ..	1922	Northern Congl. S. S., Toronto.
The Lieut. Tom Saunders Memorial Cot ..	1922	Saunders, Kingsmill & Millis, Barristers, Toronto.
The John Ross Robertson Masonic Lodge Cot .....	1922	The John Ross Robertson Masonic Lodge, Toronto.

**COTS ENDOWED IN PERPETUITY BY PAYMENT OF \$10,000.**

The Cawthra Mulock Cot .....	1906	Cawthra Mulock, Toronto.
The T. Eaton Co., Toronto, Employees' Cot	1919	T. Eaton Co. Employees.

The Margaret and Mary Hamilton Pickett Cot .....	1922	Mrs. David Pickett, Milton, Ont.
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**COTS NAMED IN THE LAKESIDE HOME BY PAYMENT OF \$25 ANNUALLY.**

The Adelaide Cot .....	1891	"A Sympathizer," Brockville.
Wesley Methodist S. S. Cots, Nos. 1 and 2 .....	1904	Wesley Methodist S. S., Clinton.
North St. Methodist Church S. S. Cot .....	1904	North St. Meth. Ch. S. S., Goderich.
Upper Canada College Cot .....	1905	Boys of U. C. College, Toronto.
William Thoburn Cot .....	1906	William Thoburn, Almonte.
The Simcoe Methodist S. S. Cot .....	1907	Simcoe Methodist Sunday School.
The Rev. M. Sadler Cot .....	1907	Mr. A. R. Greene, Toronto.
The Jean, Burton and Elizabeth Cot .....	1911	Jean, B. and E. Millar, Pembroke.
Harbord Collegiate Institute Cot .....	1911	Pupils of Harbord Coll. Inst., Toronto.
Alliston High and Public Schools' Cot .....	1911	Public School Children, Alliston.
William T. Hall Cot .....	1912	Mr. Thomas Hall, St. Thomas.
Ridgeway Methodist S. S. Cot .....	1912	Methodist S. S., Ridgeway.
The Atwood Chapter Cot .....	1912	Atwood Chapter, 149, Rainy River.
The St. Andrew's Windsor Cot .....	1913	Adult Bible Class, Windsor, Ont.
Jarvis Street Collegiate Institute Cot .....	1913	Jarvis St. Coll. Institute, Toronto.
Bonar Presbyterian S. S. Cot .....	1914	Bonar Presbyterian S. S., Toronto.
Grace Church S. S. Cot, Brantford .....	1914	Grace Church S. S., Brantford.
Temiskaming Preceptory, No. 60, Cot .....	1915	Temiskaming Preceptory, No. 60, Haileybury.
The Margaret Dods Cot .....	1916	Mr. John M. Dods, Orangeville.
The Doris Alida Salmond Cot .....	1916	Mr. James J. Salmond, Toronto.
The Reg. Henderson Memorial Cot .....	1917	By Employees of the Tower Canadian, Limited, Toronto.
Capt. W. H. Featherstonhaugh Cot .....	1918	Mrs. G. C. Ludlow, Toronto.
The John Ross Robertson Lodge Cot .....	1918	John Ross Robertson Lodge, U.D., A.F. & A.M., Toronto.
Masonic Lodge Royal, No. 453, Cot .....	1918	Masonic Lodge Royal, No. 453, Fort William, Ont.
The Mount Pleasant S. S. Cot .....	1919	Mount Pleasant S. S.
The Glen Mawr Cot .....	1919	Glen Mawr Girls' School, Toronto.
C. G. E. Co. Supply Works Employees' Cot .....	1919	By C. G. E. Co. Supply Works Employees, Toronto.
The Sarah Warne Cot .....	1919	Bequest Sarah Warne, Brantford (for 8 years).
The A. G. Giles and Wife Cot .....	1919	Mr. and Mrs. A. Giles, St. Thomas.
The Brampton S. Schools' Cot .....	1919	Sunday Schools in Brampton.
Central Model School, Peterboro', Ont., The Fidelia Davies, April 3rd, 1919, Cot .....	1918	Cent. Model School, Peterboro', Ont.
1919	Bequest of the late Miss Fidelia Davies, Toronto.	
The George and Edmond Hyymen Cot .....	1919	Mr. H. L. Hyymen, Kitchener, Ont.
Carlisle Methodist S. S. Cot .....	1920	Carlisle Meth. S. S., Carlisle, Ont.
The Abitibi, No. 540, A.F. & A.M., Cot .....	1920	Abitibi, No. 540, A.F. & A.M. Lodge, Iroquois Falls, Ont.
The Laura Secord Memorial Cot .....	1920	Laura Secord Memorial School, Queenston, Ont.
The W. H. Patterson Cot .....	1920	Mr. W. H. Patterson, Toronto.
The McLaren Cot .....	1920	Mr. G. H. McLaren, Toronto.
The J. J. Scully Division, No. 544, Cot .....	1920	Brotherhood of Locomotive Engineers, Chapleau, Ont.
The Sydenham High School Cot .....	1920	J. J. Scully Div., No. 554, G.I.A. Sydenham High School, Sydenham, Ont.
The Sunnyside Set Cot .....	1920	The Sunnyside Set, Galt, Ont.
The Dunroon Branch Women's Inst. Cot .....	1920	Women's Institute, Dunroon, Ont.
The Wheaton Cot .....	1920	Mrs. C. F. Wheaton, Toronto.
The Mary Frankish Cot .....	1921	Mrs. C. H. Wilson, Toronto.
The Women's Inst. Cot, Everett, Ont. ....	1921	The Women's Inst., Everett, Ont.
The Flossie M. McPhail Memorial Cot .....	1921	Mr. Orval K. McPhail, Bothwell, Ont.
The A. M. Weldon Cot, "Inasmuch" .....	1921	Mrs. A. Graham, Union, Ont.
The Glencoe Public School Cot .....	1921	Glencoe Public School, Glencoe, Ont.
The Heckston Presbyterian Aggressive Bible Class Cot .....	1921	Heckston Presbyterian S. S.

**COTS NAMED IN LAKESIDE HOME BY PAYMENT OF \$25 ANNUALLY—CONTINUED**

Name of Cof.	Est'd	By Whom Established.
The Beverley St. Baptist Church S. S. Cot	1922	Beverley St. Baptist Church, Toronto
Pioneer Chapter, 77, O.E.S., Cot, Iroquois Falls	1922	Pioneer Chapter, 77, O.E.S., Iroquois Falls,
The Rosedene Women's Institute Cot	1922	Rosedene Women's Institute,
The Hockley Dramatic Club Cot	1922	Hockley Dramatic Club,
The Bruce Wilson Davis Cot	1922	Dr. G. A. Davis, Toronto,
The Lansdowne Junior Women's Inst. Cot	1922	Lansdowne Junior Women's Institute
The Hanlan's Point Association Cot	1922	Hanlan's Point Association.

**PUBLIC AND SEPARATE SCHOOL COTS.****New Cots—City Hospital—By Public and Separate Schools of Toronto and Ontario.**

Balmy Beach P. S. Cot, Toronto.  
 Withrow Ave. P. S. Cot, Toronto.  
 Duke St. P. S. Cot, Toronto.  
 North Rosedale P. S. Cot, Toronto.  
 Clinton St. P. S. Cot, Toronto.  
 McMurrich P. S. Cot, Toronto.  
 Pauline Ave. P. S. Cot, Toronto.  
 Runnymede P. S. Cot, Toronto.  
 Holy Rosary Separate School Cot, Toronto.  
 Birch Cliff P. S. Cot, Birch Cliff, Ont.

**New Cots—Lakeside Home—By Public and Separate Schools of Toronto and Ontario.**

Kew Beach P. S. Cot, Toronto.  
 Pape Ave. P. S. Cot, Toronto.  
 McCaul P. S. Cot, Toronto.  
 Rosedale P. S. Cot, Toronto.  
 Palmerston Ave. P. S. Cot, Toronto.  
 Hillcrest P. S. Cot, Toronto.  
 Alexander Muir P. S. Cot, Toronto.  
 Keele St. P. S. Cot, Toronto.  
 St. Ann's Separate School Cot, Toronto.  
 Silverthorn P. S. Cot, Silverthorn, Ont.

**IN THE HOSPITAL**

\$2,000 Names a Cot Forever

\$100 Names a Cot Year by Year

**IN THE LAKESIDE HOME**

\$500 Names a Cot Forever

\$25 Names a Cot Year by Year

**REMEMBER THE SICK CHILDREN IN YOUR WILL**

Read the names of those who have memorial cots. \$2,000 names a cot in perpetuity. If you cannot find a cot, leave something—if only a hundred dollars—to help to nurse sick little ones. The form to use is:—"I Give, Devise and Bequeath to The Hospital for Sick Children, Toronto," the sum of .....

## REPORT OF THE SECRETARY-TREASURER

Fiscal Year Ending September 30th, 1922.

We commenced the hospital year with a bank overdraft and current liabilities aggregating \$159,478.17, and closed the year with an overdraft, and accounts payable and accrued, aggregating \$53,081.13, or a decrease in current liabilities of \$106,897.04.

The operating deficit for 1922 was \$63,613.78 less than that of the year 1921.

The capital, or surplus account, shows an increase during the year of \$107,173.50. The policy is now to build up endowment funds, or building funds, and amounts totalling \$60,194.90 have been received during the year specifically ear-marked for this purpose.

I have pleasure in reporting that the cost per patient, per day, has been decreased by almost \$1.00.

On the reverse side, however, may I respectfully point out that for some years past no provision has been made for replacements, and during the period of high costs a great deal of work throughout the Hospital has been put aside for the time. Thus the year 1923 will be faced with the task of executing repairs, renewals, renovations and additions, which should have been taken care of during the past six years.

Every endeavor has been made to combine economy with efficiency, but the delayed work must be proceeded with, and the current work provided for.

The increasing demands and specialized treatments planned by our Medical and Surgical Staffs, as being necessary and commensurate with such a leading hospital, must not be overlooked, but must be provided for, if we are to live up to the aim of being the foremost institution on this continent.

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 ANALYTICAL STATEMENT OF OPERATING REVENUE AND EXPENSE.  
 For Year Ending Sept. 30th, 1922.

## Operating Revenue—

Ontario Government .....	\$ 37,760.30
City of Toronto .....	91,282.40
Municipalities .....	20,585.19
Paying Patients .....	49,257.04
Operating Room and other Miscellaneous Revenues .....	10,950.76
	<hr/>
	\$209,835.69

## Operating Expenses—

Administrative .....	\$ 38,468.61
Professional care of Patients .....	94,623.49
Domestic Departments .....	100,004.45
General House and Property Expenses .....	65,352.76
Out-Patient Department .....	15,448.00
	<hr/>
Loss from Operating .....	\$313,897.31
	<hr/>
	-\$104,061.62

## Non-Operating Revenues—

Subscriptions and Donations .....	56,856.92
Income from Investments and Properties .....	3,715.81
	<hr/>
	\$60,572.76

## Non-Operating Expenses—

Interest on Mortgage .....	975.00
Interest on Overdraft .....	2,491.55
General Expense .....	555.65
	<hr/>
Net Non-Operating Revenue .....	4,022.20
	<hr/>
Net Loss for Fiscal Year .....	\$ 47,511.06

Respectfully Submitted,  
WATSON SWAINE.

## REPORT OF THE SUPERINTENDENT

Fiscal Year Ending September 30th, 1922.

IN-PATIENT DEPARTMENT		OUT-PATIENT DEPARTMENT	
<b>Patients—</b>			
Remaining in Hospital Sept. 30th.		Total number of attendances for year	58,582
1921 .....	241	Largest number patients treated one day .....	319
Admitted during the year .....	5,378	Smallest number patients treated one day .....	86
Total .....	5,619	Daily average of patients treated .....	199
Discharged during the year .....	4,887	<b>Analysis of Treatments—</b>	
Died during year .....	472	Medical—New cases .....	3,629
Remaining in Hospital Sept. 30th,		Repeats .....	10,078
1922 .....	260	Surgical—New cases .....	13,707
Total .....	5,619	Repeats .....	2,395
Largest number in one day .....	333	Orthopedic—New cases .....	13,718
Smallest number in one day .....	201	Repeats .....	1,289
Daily average .....	256	Eye—New cases .....	16,113
<b>Days' Stay—</b>		Repeats .....	1,570
Total days' stay of all patients .....	93,509	Nose, throat, ear—New .....	1,317
Total days' stay of discharged or died .....	87,772	Repeats .....	2,671
Average days' stay of discharged or died .....	16.3	Chest—New .....	3,988
		Repeats .....	4,127
		Nose, throat, ear—New .....	6,096
		Repeats .....	10,123
		Chest—New .....	695
		Repeats .....	3,174
		Child Welfare Clinic .....	3,869
		Skin Clinic .....	1,102
		Nutritional Clinic .....	2,605
		Venereal Disease Clinic .....	1,099
		Neurological Clinic .....	3,174
			1,232
			58,585

CLASSIFICATION OF PATIENTS FOR YEAR ENDING  
SEPTEMBER 30, 1922.

Religion—	Boys	Girls	Total
Protestants of any denomination .....	2,294	1,882	4,176
Roman Catholics .....	386	369	755
Other Religions .....	402	286	688
Nationalities—			
Canada .....	2,231	1,894	4,125
England .....	223	169	392
Ireland .....	30	17	47
Scotland .....	63	34	97
United States .....	18	12	30
Other Countries .....	517	411	928
Residence of Patients—			
City of Toronto .....	2,531	2,070	4,601
York County (other than Toronto) .....	295	238	533
Counties in Ontario (other than York) .....	245	222	467
Provinces of Canada (other than Ontario) .....	6	13	13
United States .....	5	0	5
No. of Patients remaining in Sept. 30, 1921 .....	138	103	241
No. of Patients admitted during year .....	2,944	2,434	5,378
No. of Patients under treatment for year .....	3,082	2,537	5,619

**CITIES, TOWNS, VILLAGES, ETC., FROM WHICH PATIENTS WERE RECEIVED AT THE HOSPITAL FOR SICK CHILDREN FOR YEAR ENDING SEPT. 30TH, 1922.**

Place—	No.	Place—	No.	Place—	No.	Place—	No.
Agincourt	2	Elora	1	Maberly	1	St. Thomas	6
Aldershot	1	Emo	1	Madoc	1	St. Williams	2
Allandale	2	Englehart	1	Maitland	1	Sandwich	1
Alliston	2	Exeter	2	Mansfield	1	Sarnia	1
Almonte	1	Eversley	1	Maple	4	Sault Ste. Marie	4
Annan	1	Fairbank	58	Meaford	1	Scarboro	17
Arnow	1	Fergus	1	Merlin	1	Scarboro Jet.	3
Arthur	1	Fern Glen	1	Midland	5	Schomberg	3
Aurora	3	Fisherville	2	Mildmay	1	Schumacher	1
Aylmer	3	Flinton	1	Milton	3	Scotia Jet.	1
Ayr	1	Flesherton	2	Milverton	1	Selwood	1
Bala	1	Fonthill	1	Mimico	12	Shannonville	1
Balderson	1	Forest	1	Mimico Beach	2	Shanty Bay	1
Baldwin	2	Fort William	1	Minden	1	Silverthorn	11
Bedford Park	2	Foxboro	1	Minett	1	Simcoe	3
Begrave	1	Fredericton	1	Mitchell	1	South Porcupine	1
Belle Ewart	1	Galt	2	Mona Centre	1	South River	1
Belle Riviere, Que.	1	Georgetown	5	Mooretown	2	Springbrook	2
Belleville	4	Goderich	1	Moose Jaw, Sask.	2	Springford	1
Belmont	1	Gogama	1	Mount Albert	1	Staffa	1
Benny	1	Gore Bay	1	Mount Dennis	33	Stamford	1
Birch Cliff	16	Gormley	2	Newmarket	10	Stayner	1
Blythe	1	Gorrie	1	N. Toronto	22	Sterling	1
Boocaygeon	2	Grand Bend	2	New York	2	Stouffville	2
Bolton	2	Grand Valley	1	Niagara Falls	7	Stratford	4
Bothwell	1	Gravenhurst	2	Nickelton	1	Sturgeon Falls	2
Bowmanville	2	Green River	2	Nipigon	1	Sudbury	1
Brampton	12	Guelph	4	Nipissing	1	Sunderland	1
Brantford	9	Haileybury	1	Nipissing Jet.	1	Swansea	8
Brighton	1	Haldane Hill	1	North Bay	12	Tavistock	1
Brockville	1	Haliburton	1	North Toronto	2	Tecumseh	2
Bronte	3	Hamilton	12	Novar	1	Timiskaming	1
Brule Lake	1	Hanover	1	Norwich	3	Thessalon	1
Burks Falls	3	Havelock	1	Norwood	1	Thistletown	2
Burkton	1	Hearst	1	Oakville	8	Thornton	1
Burlington	1	Hespeler	1	Oakwood	17	Thorold	4
Byng Inlet	1	Highland Creek	2	Orangeville	2	Timmins	4
Caledonia	1	Hintonburg	2	Orillia	2	Todmorden	38
Campbellford	1	Horne Payne	1	Orrville	1	Toronto	4,601
Cannington	1	Humber Bay	16	Oshawa	9	Torrance	1
Capreol	2	Humberstone	1	Ottawa	7	Tottenham	1
Carville	2	Hilderton	1	Owen Sound	3	Trent Mills	1
Cedarvale	10	Ingersoll	1	Palgrave	2	Trenton	5
Chantey	2	Ingleswood	2	Parent, Que.	1	Tweed	2
Chapleau	2	Iroquois Falls	1	Parla	1	Uthoff	1
Chilliwack, B.C.	1	Islington	1	Parry Sound	4	Unionville	1
Clarkson	1	Ivanhoe	1	Pembroke	1	Uxbridge	1
Clayton	1	Jackson's Point	1	Penetang	2	Vancouver, B.C.	1
Cobalt	3	Jarvis	1	Peterboro	8	Vankleek Hill	2
Cobourg	2	Kearney	1	Pevsey	1	Victoria Mines	1
Cochrane	4	Keswick	2	Pickering	2	Wallaceburg	1
Coe Hill	1	Kincardine	1	Plantagenet	1	Waterford	1
Colborne	5	King	2	Plattsburgh	1	Weiland	7
Colchester	1	Kingston	2	Port Arthur	3	W. Guildford	1
Coldwater	3	Kirkland Lake	1	Port Colborne	1	Weston	29
Coleman	1	Kitchener	8	Port Credit	8	W. Toronto	19
Coniston	3	Lakeview	2	Port Dalhousie	1	Whitby	5
Cooksville	2	Lambton	11	Port Dover	3	Whitestone	2
Corbetton	1	Langstaff	2	Port Elgin	2	Wiarton	2
Cornwall	1	Leaside	1	Port Hope	4	Wilberforce	1
Courtland	1	Lethbridge, Alta.	1	Port Stanley	1	Williamsburg	1
Crosby	1	Little Current	1	Port Whitby	1	Willowdale	2
Dalton	1	Little York	3	Powassan	3	Windham Centre	1
Decour, Ill.	1	Lindsay	5	Preston	1	Windsor	6
Detroit, Mich.	1	Listowel	2	Ravenna	1	Wingham	1
Downsview	1	Long Branch	18	Reaboro	3	Winnipeg, Man.	2
Dunbarton	1	L. Island, N.Y.	1	Richmond Hill	2	Woodbine Hts.	1
Dundas	5	Lorne Park	1	Ridgetown	1	Woodbridge	1
Dunnville	1	Lucknow	1	Ripley	1	Woodford	1
Earlscourt	18	Lindsay	5	Rob Roy	1	Woodstock	6
E. Toronto	62	Listowel	2	Rockwood	2	Woodville	1
Edmonton, Alta.	1	Rosseau	1	Rosseau	1	Wychwood	19
Eglinton	3	Runnymede	18	Runnymede	18	York Mills	3
Elmwood	1	St. Catharines	9	St. Catharines	9	Yorkton, Sask.	1
		St. Davids	1	St. Davids	1	Total	5,619

## COUNTIES FROM WHERE PATIENTS WERE ADMITTED.

Place—	No.	Place—	No.	Place—	No.	Place—	No.
Algoma .....	19	Huron .....	10	Parry Sound .....	23	Wellington .....	9
Brant .....	10	Kent .....	4	Peel .....	32	Wentworth .....	17
Bruce .....	9	Lambton .....	4	Perth .....	8	York .....	533
Carleton .....	9	Lanark .....	4	Peterboro .....	8	Alberta .....	2
Dufferin .....	6	Leeds .....	4	Prescott .....	3	B. Columbia .....	2
Dundas .....	1	Lennox .....	1	Rainy River .....	1	Illinois .....	1
Durham .....	7	Lincoln .....	6	Renfrew .....	1	Manitoba .....	2
Elgin .....	10	Manitoulin Dist. ....	2	Simcoe .....	23	Michigan .....	1
Essex .....	15	Middlesex .....	3	Stormont .....	1	New Brunswick .....	1
Frontenac .....	2	Muskoka .....	6	Sudbury Dist. ....	2	New York .....	3
Grey .....	12	Niagara .....	22	Timiskaming .....	18	Quebec .....	3
Haldimand .....	5	Niagara Falls .....	11	Thunder Bay .....	4	Saskatchewan .....	2
Haliburton .....	4	Northumberland .....	8	Victoria .....	11	City Patients .....	4,601
Halton .....	21	Ontario .....	23	Waterloo .....	13	Total .....	5,619
Hastings .....	19	Oxford .....	12	Welland .....	25		

## NUMBER OF PATIENTS RECEIVED FROM CITY AND COUNTRY

Since the year 1875 to the year ending September 30th, 1922.

## AND RESULTS OF TREATMENTS

Year	In-Patients			In-Patients—Results				Out-Patients
	From City	From Country	Total	Cured	Im- proved	Unim- proved	Died	
1875-1904.	7818	2553	10371	5557	3386	855	573	49526
1905-1910.	4249	2217	6466	2992	1611	486	609	51433
1911.	855	384	1239	530	369	59	139	14903
1912.	933	341	1294	565	345	75	159	17862
1913.	1325	323	1648	506	656	94	256	25507
1914.	1858	394	2252	839	751	149	326	31970
1915.	2339	499	2838	1236	757	175	463	40567
1916.	2453	592	3045	1341	933	193	370	39603
1917.	3094	646	3740	2126	892	160	379	39654
1918.	4289	759	5048	3211	1082	194	359	39583
1919.	4305	760	5065	3297	889	204	465	36697
1920.	4053	930	4983	3007	926	253	535	40934
1921.	4314	963	5277	2945	1210	323	558	57574
1922.	4601	1018	5619	3412	1208	267	472	58582
	46506	12379	58885	31564	15015	3487	5753	544395

## PATHOLOGICAL DEPARTMENT

A comparison of the work in the Laboratory shows an increase in all classes of research. The work became so heavy that Dr. Erb had to be provided with an Assistant Director. The premises, however, are altogether inadequate, and it is extremely difficult to handle the research work with any degree of economy, or comfort.

## DENTAL DEPARTMENT

The following statistics will show how necessary this department is to the Hospital:

Extractions	Anaesthetics	Fillings	Treatments	Total No. Patients
Deciduous 1,056	Permanent 216	General 396	192	96 612

## MODIFIED MILK DEPARTMENT

This important adjunct to the Hospital has continued to maintain its high state of efficiency, with more constant and greater calls on its service than ever.

### ORTHOPEDIC SHOP.

The production of appliances in this department has increased by leaps and bounds, necessitating the employment of two extra men. The following is a record of the types and quantities of work done during the past year:

Thomas' caliper .....	57	Bed splints .....	136
Hip splints .....	6	Bradford frames .....	88
Long leg braces .....	22	Head halters .....	6
Walking braces .....	11	Extensions eyeleted .....	442
Knock knee braces .....	3	Peg leg .....	1
Drop foot splints .....	2	Special boots .....	180
Hand splints .....	10	Cork on boots .....	37
Club foot splints .....	73	Raise on boots .....	144
Bow leg splints .....	53	Heels altered .....	84
Ankle braces .....	58	Insoles .....	6
Night splints .....	50	Tea straps .....	12
Spinal braces .....	46	Bars on boots .....	15
Abduction braces .....	26	Repairs to boots .....	74
Corset supports .....	7	Repairs to splints .....	152
Goldwaite belts .....	17	Perineal bands .....	12
Other belts .....	7	Whitman foot plates .....	669
Plaster jackets .....	23	Miscellaneous .....	100
Knee pads .....	8		
Canvas stockings .....	15	Total .....	2,652

### THE GYMNASIUM—UNDER DIRECTION OF MISS E. M. BROWN

The number of treatments given was ..... 2,693  
The number of patients treated was ..... 132

These were classified as follows:

Scoliosis—	
True. ....	17
Postural. ....	28
	—
	45
Paralysis—	
Infantile .....	24
Spastic. ....	10
Erb. ....	3
Other Nerve Injuries .....	12
	—
	49
Flat Foot .....	10
Torticollis. ....	7
Chest, etc. ....	10

The correlation with the Medical, Neurological, and Nutritional Departments has been well maintained throughout the year. There has been a slight falling off in the number of cases referred from the Surgical Department. This is due to the fact that many cases of paralysis, heretofore referred from the Surgical side, now reach us through the Neurological.

The corrective work embraces a wide field. All cases which may be helped by training in special breathing, together with manipulation, muscle training and corrective exercises, are dealt with in the Gymnasium of the Out-Patient Department.

All cases of severe Scoliosis call for long treatment and supervision, which lasts pretty well through the growing period. Such cases usually

begin with an attendance of three times per week for three to six months, the attendance lessening to twice, then once per week, and finally the case may be under "Supervision" only, reporting once in two, three or six months, as it is thought advisable.

The Postural cases can be dealt with much more quickly, and unless there is an undue delicacy, these children can be discharged as "cured" with the satisfaction of knowing that the case has been caught in time, before it has developed into a more serious type.

The correlation with the Nutritional in this type of case, e.g., Postural Scoliosis, has been very marked.

From the various medical clinics children as young as three years of age have been sent, who, from faulty breathing, acquired through enlarged tonsils and adenoids, have fast been developing a serious faulty position. These have been quickly helped.

Nearly all this work, especially with the younger children, is carried out in the presence of the mother or guardian, with the view that the home will co-operate with the Hospital and maintain the treatment. This calls for not only a treatment to the patient, but a lesson to the mother. When this co-operation from the home is established, the recovery of the child is very much quicker.

All cases of Paralysis of any kind are very long and tedious; calling for long periods of treatment, and then in the initial stages for a daily treatment. The results in these cases are often very striking. One little girl has recovered the complete use of her arm after Infantile Paralysis. A little boy with Spastic Paralysis could not walk without falling many times and had no ability to put his heels to the ground. Now, after an operation to eliminate the contractions, and the re-education in walking and balance, he walks well—better than his parents had ever expected to see him. He is only about six years old, so that there is every hope of his being able to walk perfectly in time.

All cases of Torticollis have been discharged as "cured." These are post-operative cases as a rule, and mostly always meet with a very satisfactory response to treatment. These are treated daily from three to four weeks after the plaster has been removed. The stretching and manipulation prevents any recurrence of the "bad habit" of holding the head to one side, and invaluable is the looking glass in all such cases, where the child may visualize the correct attitude of head and shoulders.

Flat feet in children also respond quickly to treatment; the child often realizing the correct standing and walking position through a period of weakness, which may stand it in good stead at a later period in life.

## MASSAGE—UNDER DIRECTION OF MISS K. M. FRASER

This department has also performed excellent work. There were 120 little patients cared for, necessitating 3,323 treatments, an increase of 411 over the previous year. Of these 36 were cured, 80 improved, and only 4 showed no improvement.

It should be noted that a large percentage of these cases are only capable of improvement, and not entirely curable.

Very good results were obtained in the treatment of Infantile Paralysis, Erbs Paralysis, Obstetrical Paralysis, Torticollis, fractures, malnutrition and rickets.

The nurses in training also have the advantage of a course of instructions, lessons and demonstration in this department.

## DISPENSARY

This is a very busy department, especially in the mornings when the large clinics are on. Like every other department of the Hospital the work increases daily. It handled in the past year 27,621 prescriptions and 5,691 orders. Nurses and students also receive a very necessary training in this department.

## SCHOOL LIFE IN THE WARDS

The School was established as far back as 1892, when it became apparent to the Superintendent that the days would go much quicker for some of the boys and girls, whose condition required months, or perhaps years, in the Hospital, if they were occupied in some way, and how much better if in a way to help them on in later life. The Toronto Board of Education kindly provides the instructions under the direction of Miss Florence A. Chamberlain as principal. Last year 326 eager boys and girls received daily instructions. The daily average attendance was 40.

## THE LAUNDRY

The connection of a laundry with the care of patients is frequently not remembered, but it is a place which requires much thought and is a great expense. The following list may assist the public in realizing the immensity of the work, as it not only shows the magnitude of labor involved, but gives also an idea of the great amount of linen in constant circulation, and the consequent expense in the supply of same.

One Week's Wash.			
Ward sheets, pillow cases, etc. ....	17,000	Bibs .....	800
Slip sheets .....	15,000	Corset covers .....	150
Linen, etc., from Operating Room....	2,800	Maids' waists .....	86
Dairy .....	160	Cooks', stewards' and Orthopedic Department aprons .....	50
Residence table linen .....	300	Handkerchiefs .....	500
Frobationers' Residence .....	250	Underwear .....	400
Doctors' Apartments .....	150	Nurses' uniforms, blue .....	150
Out-Patient Department .....	2,193	Nurses uniforms, white .....	185
Infections .....	2,225	Nurses' collars .....	300
X-Ray Department .....	75	Stockings, pairs .....	100
Diet Kitchen .....	776	Doctors' coats and trousers .....	225
Employees .....	150	Shirts .....	65
Nurses' linen:		Underwear and socks .....	100
Cuffs .....	650	Total number pieces .....	45,640
Aprons .....	800		

## THE LAKESIDE HOME FOR LITTLE CHILDREN

The season at Lakeside was one of great success. The results from the children convalescing in the fresh, clear breezes—so different to the atmosphere of the Hospital—were very marked. The progress of recovery in most of the patients was accelerated in a remarkable manner, and clearly emphasizes the value of a convalescent home.

Respectfully submitted.

WATSON SWAINE,  
Superintendent.

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## The Hospital Greatly Needs

A new wing to relieve the overcrowding in the Out-Patients' Department, the Infants' Ward, the Boys' and Girls' Surgical Wards, the Pathological and Chemical Research Departments, and to provide necessary accommodation for private and semi-private patients, as well as for nurses and other help.

In addition, a Convalescent Home in the suburbs, preferably in the vicinity of Yonge street, would be very helpful.

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## REPORT OF THE TRAINING SCHOOL

I herewith present the Thirty-Sixth Annual Report of the Training School of the Hospital for Sick Children, ending September 30th, 1922.

The closing year registers the following staff on duty in the Hospital:

<b>Office Staff—</b>		<b>Hospital Hostess . . . . .</b>	
Superintendent	1	Residence Supervisor	1
Assistants	2		15
Instructor	1		
Assistant Instructor	1		
Night Supervisor	1		
	— 6		
<b>Graduates for Charge Duties—</b>		<b>Dietitians—</b>	
Operating Room (Day)	1	Dietitians	4
Operating Room (Night)	1	Pupil Dietitians	4
Infant Ward	2		
Infectious Ward	2		
Surgical Wards (Three)	3		
Out Patient Department	2		
Supply Room	1		
Admitting Room	1		
			8
<b>Pupils—</b>		<b>Pupils—</b>	
Seniors		Seniors	29
Intermediates		Intermediates	23
Juniors		Juniors	22
Probationers		Probationers	28
			102
		Total	131

The Statistical Report for the year is as follows:

		<b>Pupil Nurses affiliated from—</b>	
Number of Applicants	387	The Toronto General Hospital	78
Number of Applicants accepted	54	The Wellesley Hospital	20
Number of Pupils graduated	33	St John's Hospital	9
Hospital for Sick Children Pupils taking a four months' course at the Toronto General Hospital	24		

Respectfully submitted.

KATHLEEN PANTON,  
Superintendent of Nurses.



LEAVING THE RESIDENCE FOR DUTY, 7 A.M.

## MEDICAL REPORT

During the past year the work in the Medical Department has consistently increased. The demands made on both the attending and resident staff have been greater, and, generally speaking, the results show an improvement on the preceding year. The Hospital has now reached the stage when further increase in work can be accomplished only by added accommodation to both in-patient and out-patient departments combined, with an appropriate increase in the nursing staff. It is to be borne in mind that the efficiency of a Children's Hospital depends to a very great extent on the nursing care given to the individual patient. This is in marked contrast to that which obtains in an adult hospital.

As stated in last year's report our out-patient and in-patient departments have been taxed to their utmost, and our figures for this year are approximately the same as last year. It may, however, be recorded here that many patients had to be denied in-patient treatment on account of insufficient accommodation. It is gratifying to note that our general death rate for the more common medical conditions has been reduced by 3 per cent. This reduction is even greater than the figures represent, when one considers that a more careful selection of cases for admission has been made this year than last.

A comparison of the two following tables will show at a glance the changes that have been effected.

	1921 Mortality Per Cent.	1922.
Pyloric Stenosis .....	14.2 per cent.	9.5 per cent.
Fermentative Diarrhoea ....	8.5 " "	7.4 " "
Infectious Diarrhoea .....	27.3 " "	19.3 " "
Acute Intestinal Intoxication.	48.0 " "	41.5 " "
Lobar Pneumonia .....	6.6 " "	9.0 " "
Broncho-Pneumonia .....	47.7 " "	42.4 " "
Prematurity .....	48.0 " "	48.7 " "
Decomposition .....	50.0 " "	46.0 " "

Again it is observed the gradual reduction in the death rate of nutritional conditions, except in the case of premature infants, and in these instances the Hospital is not entirely to blame for this high mortality, as many of these infants are brought to the Hospital only as a last resort, and are in a dying condition when admitted.

### RESEARCH WORK.

An outline of the work carried out in the Nutritional Research Laboratories under the direction of Miss A. M. Courtney, B.A., is as follows:

Metabolism studies to determine the utilization of various food components in chronic intestinal indigestion; in acrodynia; with difficult feeding cases on butter-flour mixture; in diarrhoea with chalk mixture therapy; in nephritis with and without edema; and of certain minerals by children normal as to digestion taking a mixed diet.

Analysis of mother's milk and blood serum of two children with rickets.

Analysis of stools for content and distribution of fat in pyloric stenosis, and of stools of children on various foods for organic acid content.

Determination of salt content of blood serum, sometimes in connection with the metabolism studies, in rickets and tetany; in nephritis; in frac-

tures; in convalescent children on mixed diet; in acute intestinal intoxication; in dogs injected with acid, and with alkaline phosphate and in dogs injected with protein split products.

Determination of blood proteins in the new-born after ingestion of colostrum and the proteins in various antitoxins and serums.

Investigation into the etiology of intoxication in superficial burns of children and in acute intestinal intoxication.

Routine laboratory investigations of blood and urine in diabetes, nephritis and endocrine disease and colloidal gold tests in syphilitic infants.

Working out of a method for determination of inorganic phosphorus in blood serum.

The laboratory has also directed a piece of research by Miss Hutt, Assistant in the Dairy, on the effect of changes of sugar content, acidity and bacterial flora of various foods for infants under different conditions in their preparation and use, apparatus and standard solutions being supplied by the laboratory.

The bibliography with card catalogue of the literature on research in Pediatrics has been kept up-to-date.

Many of the excellent clinical results obtained on the wards of the Hospital are directly or indirectly the result of work conducted in this laboratory.

### OUT-PATIENT DEPARTMENT.

While the total number of patients treated in this branch of the Hospital has not increased, the patients are receiving a better service, and the results obtained are more satisfactory.

1. Nutritional Clinic for malnourished children, under the direction of G. A. Davis, M.B., and C. S. MacDougal, M.B.

Actual number of children attending the clinic .....	82
Average attendance per day .....	13
Number of new patients, that is, number of physical examinations made ..	77
Number of children making more than expected gain in weight .....	24

#### Suggestions made last year and their results.

1. Limitation of Classes. The classes were intentionally limited to small numbers. Very little propaganda was done for new cases on account of the limitations of our clinic. We found as a result that we were able to give more detailed attention to each child, and thus keep up interest.

2. Health Talks. On various days a particular subject was discussed, e.g., cleaning teeth, and the teeth of all children were examined on that day. Other days were given to skin cleanliness, head cleanliness, and so on.

3. Competition. A boat race was used to stimulate interest in the clinic. Prizes supplied by the Hospital for Sick Children were given each month to the boy and girl in each clinic gaining the greatest weight. These prizes we found to be one of the best means of maintaining interest.

4. Early Correction of Physical Defects. Carious teeth, alveolar abscess and diseased tonsils were the defects most frequently met with, and on the whole co-operation of the various clinics for treatment of these cases was satisfactory.

5. Distribution of Positive i-c cases. In some of these cases we felt that malnutrition was dependent on a tuberculous infection, and these were referred to the Chest Clinic, and thence to the Preventorium.

6. Fresh Air Camps and Schools. A number of cases attending the Clinic are also attending Orde Street School and St. Patrick's School (Fresh Air Classes). The gain in weight in these cases has been much greater than in the others. During the summer months most of the children attending the Clinic were sent to camp, and a large number to the special Nutrition Camp at Lolton. We appreciate very much the co-operation of the Neighborhood Workers' Association in this connection.

**7. Unemployment in Homes.** While this was not one of our suggestions last year yet we feel that its influence on the nutrition of the children attending the clinic has been marked.

**2. Tuberculosis Clinic, under direction of Dr. H. C. Parsons.**

Total number of new cases attending clinic .....	695
Number of visits made by all patients .....	3,586
Number of cases sent to Preventorium from clinic .....	139
Number of cases sent to Island Camp .....	123
Total number of cases at present under the supervision of the clinic .....	5,563

The follow-up work of the nurses of the Department of Public Health of the City is to be particularly noted. While the actual number of visits made is not available, yet it is probable that it is in the neighborhood of 15,000. This close co-operation of the Department of Health with the Tuberculosis Clinic is very gratifying. Contact cases are being sent in very early, long before any clinical suspicion of infection is thought of, and practically all of these cases are given some form of preventive treatment. It is felt that this prophylactic work of the clinic is perhaps its most important feature.

**3. Neurological Clinic, under direction of Dr. George Boyer and Miss J. C. Louden.**

From October 1, 1921, to September 30, 1922, two hundred and thirty-three cases were admitted to the wards of the Hospital for Sick Children.

During the same period 1,176 cases were treated in the regular bi-weekly clinic in the Out-patient Department; of this number, 282 were new cases.

During the same period 80 children attended the class for observation on various degrees of mental deficiency.

The statistical report explains itself in the majority of cases, except in the case of such a diagnosis as epilepsy, under which diagnosis there were 23 admissions, with only 4 improved cases. The reason for this is obvious when it is considered that they were admitted only for more detailed clinical study than was possible in the Out-Patient Department, and not for treatment. Admission was necessary because differential diagnosis depends in many cases upon the study of an intestinal X-ray series, and on lumbar puncture, which is inadvisable on out-patients. The poliomyelitis and encephalitis group has been characterized this year by a larger number of deaths than is usual, and the preponderance of symptoms of involvement of the pons has been striking. What has been said of the epileptic groups is equally applicable to such diagnosis as defective cerebral development, mental deficiency, hemiplegia and hydrocephalus. In many cases these were admitted to the wards only to make observations, study and treatment more comprehensive when these cases were discharged to return to the Out-Patient Service.

Report of the Observation Class for year ending Sept. 30, 1922.

During the year ending Sept. 30th, 1922, 80 children have attended the Observation Class for periods varying from one day to one month.

The children comprising this group were classified as follows:

36 definitely feeble-minded; 18 border-line cases; 13 dull normals; 5 average intelligence; 2 superior intelligence; 6 not tested, too young, defective speech, etc.

The definitely feeble-minded group included: 1 idiot; 16 imbeciles; 19 morons.

This group formed 45 per cent. of the total number who attended the class.

The "dull normal" group were all problem cases, who had gotten into trouble in the home, the school or the community. Several of the boys had Juvenile Court records. Our efforts with this group have been directed to helping the parents to a better understanding of their problem, and to aid in providing suitable recreation for the boys. Mr. Luck, who is in charge of

the Y.M.C.A. work with under-privileged boys, has co-operated in the work with these cases by arranging to have them join classes at the "Y."

Of the definitely feeble-minded group, one child has been admitted to the Institution at Orillia, several were recommended for the Auxiliary classes in the Public and Separate Schools, and in the cases of very young children, the mothers were shown methods of training to be followed in the home and encouraged to return from time to time for further advice.

In addition to the above diagnostic work, fourteen cases were given psychometric examinations on the wards, at the request of physicians.

In November, 1921, the Department of Education of Ontario asked Miss Louden to assist Dr. S. B. Sinclair, Inspector of Auxiliary Classes, in the preparation of a pamphlet for the use of Auxiliary class teachers. This has been published, and is now in use throughout the Province.

The University Extension Department requested that two lectures be given to the Ontario Society of Occupational Therapists. These were given on April 6th and 13th, and attended by about sixty people.

During the first week in July fifty-seven teachers and school principals, who were attending the Summer school, spent an hour each day in the classroom, becoming familiar with equipment, materials and methods of teaching the sub-normal child. Dr. Sinclair stated that nowhere else in Canada could teachers get the practical training that we were able to give them.

Mr. Chester, Supervisor of Manual Training in the Schools of Toronto, has paid several visits to the class room, and has adopted materials and equipment for use in the special classes throughout the City.

Our Observation Class Library is growing, and we now have a valuable collection of the best books and reprints dealing with the educational side of mental defect. In addition to this, we are compiling information relating to private schools for defectives, lists of teachers and nurses who are available for work in the home, etc., and hardly a day passes without a request from physicians or parents for help along these lines.

We feel that next to the diagnostic work that is being done, the most important factor is that we are making so many contacts with the Educational authorities, and are coming to be recognized as a bureau of information, able to give definite help in the care and training of the feeble-minded.

#### 4. Venereal Disease Clinic, under direction of Dr. E. A. Morgan.

During the last twelve months this clinic has been in operation four times a week. The total attendance has been 3,294. Of this number 280 were merely examinations, the remaining 3,014 being treatments for either Congenital Syphilis or Gonorrhoea. At the present time there are 113 patients under treatment for Syphilis and 39 for Gonorrhoea.

The follow-up work performed by Miss Copeland has been very thorough, and has resulted in a regularity of attendance which is unequalled by any other Venereal Disease Clinic in the City. In very few instances during the year has it been necessary to adopt legal measures for the purpose of enforcing attendance.

The Vaginitis clinic under the direction of Dr. Hassard has reported 22 cases discharged as cured in the last eight months. The results of treatment in this type of case have been very satisfactory.

The results of treatment in the Syphilis clinic have been put into print in the form of a publication by Doctors Morgan and Cox.

#### 5. Cardiac Clinic—under direction of Dr. George Smith.

This clinic has been in operation in the Out-Patient Department for over one year. At present there are 98 patients under supervision. The majority of these patients have been at some time in the wards of the Hospital, either for treatment of their heart condition, or for the removal of some physical defect thought to be exercising an unfavorable influence on the cardiac condition.

Since the clinic has been in operation it has been found possible to greatly reduce the number of cases returning to the wards of the Hospital after

their initial visit. A second or even third or more visits has been a common history in the past. For example, an investigation of 50 cases taken in rotation from the hospital records during the years of 1917-19 showed that 15 patients or 30 per cent. had been admitted to the Hospital more than once—of these, three had been admitted five times—two, four times and the balance two or three times. Of 68 patients under supervision at present, only two have been re-admitted to the Hospital. This change, it is thought, has been accomplished by three measures of procedure:—

1. The complete removal as soon as possible of all foci of infection. All the fifteen cases re-admitted during 1917-19 had diseased tonsils.
2. The more thorough treatment in the matter of rest in bed in those cases in which the heart is involved for the first time.
3. The employment of just as much exercise as each individual heart is capable of standing, in an effort to make the whole body, and the heart in particular, as efficient as possible.

The reduction in the number of cases re-admitted is, of course, of some economic value to the Hospital and City, but of more importance is the fact that these children are being helped to become more like normal children; taking their proper place in the home, school and playground.

Besides the work in regard to relief of cardiac trouble, an effort is being made to prevent the occurrence of heart disease. This is accomplished by the supervision of children having sicknesses such as rheumatism, chorea, etc., in which, from experience, we know the heart is liable to be damaged. Similar measures to those employed in the treatment of the cardiac cases are used.

Recently a voluntary social worker has been attached to the clinic. She will be a valuable helper to work in the clinic and the home, and should augment the very efficient work already being done by the Public Health Nurse.

### MILK LABORATORY.

This is one of the most important branches of the work in the Hospital—approximately 120 gallons of milk pass through this department each 24 hours.

From 50 to 150 outside feedings are made up each day, supplying the needs of out-patients and on the prescription of outside physicians for private patients.

Among the most important branches of work conducted here is the instruction given to the pupil nurses, graduate nurses, post-graduate students and under-graduate students in the home modification of milk.

It is to be noted that the infant death rate of this City is the lowest in the history of the community, the decline having been fairly consistent since 1914. While great credit for the work is due to the efficient Health Department of this City—this Hospital, working as it does at a Health Centre for children in co-operation with the Department of Public Health, has played no small measure in reducing both the mortality and morbidity throughout the City.

During the past year the Department of Public Health appointed Dr. Beverley Hannah, Chief of the Infectious Division in this Hospital, to be Physician-in-Chief and Director of the Riverdale Isolation Hospital. This is a signal honor to the hospital and Medical Staff, and we are fortunate to be able to still retain the services of Dr. Hannah as director of the Infectious Department. This appointment will serve to cement the relationship between these two institutions, and act as another connecting link with the Department of Health.

I wish to take this opportunity of thanking both the physicians and nursing staff of the Hospital and Health Department for their co-operation and skilled service rendered during the past year.

All of which is respectfully submitted.

ALAN BROWN,  
Physician-in-Chief.

## MEDICAL REPORT

Analysis of Diseases with results—In-patients treated October 1, 1921, to September 30, 1922. It is to be observed that many patients were suffering from more than one disease.

Disease—	Cured	Imp'd	Unimproved	Died	Disease—	Cured	Imp'd	Unimproved	Died
<b>Congenital Malformations</b>									
Mouth	..	8	..	..	Carditis	20	3	3	..
Heart	..	18	..	..	Acute endocarditis	39	9	1	..
Intestine	..	1	..	..	Chronic endocarditis	11	7	1	..
Eye (cataract)	6	..	..	..	Acute myocarditis	1	2	2	1
Lower extremity	2	..	..	..	Chronic myocarditis	..	1	1	..
Bile duct	..	1	..	..	Myocardial failure	..	..	..	1
Diaphragmatic hernia	..	1	..	..	Heart block	..	..	..	1
Spina bifida	..	4	..	..	Acute pericarditis	1	3	4	4
Encephalocele	..	1	..	..	Chronic adhesive pericarditis	..	..	..	1
Ear, nose and throat	..	2	..	..	<b>Respiratory System</b>				
Congenital laryngeal stridor	..	2	..	..	Pleurisy—	..	..	..	..
<b>Digestive System</b>									
Dental caries	15	7	4	..	With effusion	1	1	..	..
Stomatitis—	..	..	..	..	Chronic	3	..	..	..
Simple	5	3	2	..	Empyema	7	3	5	3
Thrush	1	..	..	..	Hydro thorax	..	1	1	..
Aphthous	4	1	..	..	Pneumonia (lobar)	46	1	3	5
Ulcerative	3	2	1	2	Pneumonia (broncho)	86	7	9	75
Vincent's angina	5	2	1	2	Pneumonia (septic)	..	..	2	..
Gingivitis	1	..	..	..	Pneumonia (unresolved)	5	..	1	..
Pharyngitis (acute)	4	..	1	..	Pneumonia (chronic)	2	4	..	..
Septic sore throat	1	..	..	..	Abscess of lung	..	1	3	1
Tonsillitis (acute)	22	4	4	1	Emphysema	..	..	..	..
Tonsillitis (chronic)	..	1	..	..	Inflammation of lung	..	..	..	..
Infection of tonsillar fossa	1	..	..	..	Congestion of lung	..	..	..	..
Retropharyngeal abscess	3	..	..	..	Laryngitis (catarrhal)	1	..	..	..
Secondary haemorrhage of mouth	1	..	..	..	Laryngitis (acute)	2	..	..	..
Hypertrrophic stenosis of pylorus	17	1	1	2	Bronchitis (acute)	..	..	..	..
Pylorospasm	3	1	1	..	Bronchitis (chronic)	114	19	13	5
Cyclic vomiting	..	1	..	..	Bronchitis (capillary)	1	28	1	..
Infant feeding	71	57	20	..	Foreign body in bronchus	2	..	..	..
Insufficient nourishment	2	5	..	..	Nasopharyngitis (acute)	265	84	60	..
Dyspepsia	10	3	2	..	Foreign body in nasal passage	1	..	..	..
Acute intestinal indigestion	3	1	..	..	Ethmoidal sinusitis	1	1	..	..
Chronic intestinal indigestion	..	2	2	..	<b>Lymphatic System</b>				
Intestinal stasis	..	1	..	..	Inguinal adenitis	1	..	..	..
Constipation	..	1	..	..	Cervical adenitis	11	6	4	..
Megacolon	..	1	..	..	Submaxillary adenitis	..	1	..	..
Intestinal obstruction	..	1	1	..	Hodgkin's disease	..	..	1	..
Foreign body in intestine	1	..	..	..	Status lymphaticus	..	..	1	..
Fermentative diarrhoea	128	15	43	15	<b>Infective Diseases</b>				
Infectious diarrhoea	16	2	3	5	Abcscs of—	..	..	..	..
Duodenal ulcer	..	..	1	..	Subcutaneous tissue	10	1	..	..
Pseudomembranous colitis	..	..	1	..	Superficial	1	..	..	1
Acute intestinal intoxication	44	1	3	34	Serotum	..	1	..	..
Hernia (inguinal)	..	..	8	..	Head	..	2	..	..
Hernia (umbilical)	..	6	9	..	Shoulder, hand, leg and foot	6	1	..	..
Umbilical polypus	1	1	..	..	Cervical	1	..	..	..
Prolapse of rectum	1	..	..	..	Post aural	..	1	..	..
<b>Mesentery, Peritoneum and Omentum</b>									
Ascites	..	1	1	..	Cellulitis of—	..	..	..	..
Acute general peritonitis	..	..	..	..	Serotum	..	1	..	..
Streptococcus haemolyticus	1	..	2	6	Leg	1	..	..	..
Mixed infection	..	..	1	..	Vulva	..	1	..	..
<b>Liver, Gall Bladder and Gall Ducts</b>									
Chirrhosis of liver	..	..	1	..	Eyelid	..	1	..	..
Jaundice (familial)	..	1	..	..	Scalp	1	1	1	1
Jaundice (catarrhal)	10	2	..	..	Neck	..	..	..	..
Ductless Glands	..	..	3	..	Back	..	1	..	..
Hypopituitarism	..	..	1	..	Face	..	1	..	..
Cretinism	..	1	1	..	Infected wound	..	1	..	..
Goltre—	..	..	..	..	Furunculosis	14	9	1	..
Diffuse colloid	..	..	1	..	Septicaemia—	..	..	..	..
Simple parenchymatosus	..	..	1	..	Pneumococcus	..	..	1	1
<b>Circulatory System</b>									
Wound of jugular vein	..	..	1	..	Streptococcus haemolyticus	1	2	6	12
Phlebitis	..	1	..	..	Staphylococcus aureus	2	..	1	2
Omphalophlebitis	..	1	..	..	B. coli	..	..	2	1
Atheroma of aorta	..	1	..	..	Organism not isolated	2	..	..	3
<b>Respiratory System</b>									
Pleurisy—	..	..	..	..	Sepsis necrotarum	..	..	1	7
With effusion	..	..	..	..	Py aem ia (streptococcus haemolyticus)	..	..	1	..
Chronic	..	..	..	..	Rheumatic fever (acute)	9	13	2	..
Empyema	..	..	..	..	Chorea	28	25	3	..
Hydro thorax	..	..	..	..	Rheumatic nodules	..	..	1	..
Pneumonia (lobar)	..	..	..	..	Influenza	3	..	..	..
Pneumonia (broncho)	..	..	..	..	Influenza broncho pneumonia	..	..	1	..
Pneumonia (septic)	..	..	..	..	Cerebro spinal meningitis	4	..	1	1

## MEDICAL REPORT—Continued.

Disease—	Cured	Imp'vd	Unim- proved	Died	Disease—	Cured	Imp'vd	Unim- proved	Died
Typhoid fever	3	1	4	3	Mental deficiency	3	19	—	—
Erysipelas	26	5	4	—	Imbecility	—	4	—	—
Scarlet fever	46	6	4	—	Idiocy	—	3	—	—
Measles (simple)	40	4	7	—	Mongolian idiocy	—	7	—	—
German measles	1	—	—	—	Microcephalic idiocy	—	6	—	—
Chicken-pox	18	2	1	—	Amaurotic family idiocy	—	—	1	—
Whooping cough	2	6	1	—	Dementia	—	1	—	—
Mumps	1	—	—	—	Hydrocephalus	—	2	7	—
Diphtheria—					Infantile cerebral haemorrhage	—	1	4	4
Aural	6	—	2	—	Cerebral thrombosis	—	1	—	—
Nasal	13	3	5	—	Infantile cerebral palsy	—	—	1	—
Laryngeal	2	—	1	1	Infantile cerebral diplegia	—	—	1	—
Faucial	5	—	1	—	Cerebral sclerosis	—	—	3	—
Pharyngeal	4	—	2	1	Hemiplegia (old)	—	1	8	—
Carrier	18	3	5	—	Post meningitic paresis	—	—	1	—
Tuberculosis—					Acute encephalitis	—	1	1	—
Acute general miliary	—	—	2	1	Acute polioencephalitis	—	1	1	5
Acute miliary of lung	—	—	3	3	Abscess of brain	—	—	—	1
Of mediastinal glands	50	5	—	—	Acute purulent meningitis	—	—	—	—
Of cervical glands	6	4	—	—	Pneumococcus	—	2	7	—
Of spleen	—	6	—	—	Streptococcus haemolyticus	—	1	7	—
Of liver	—	6	—	—	Streptococcus veridans	—	—	1	—
Of kidney	—	3	—	—	Staphylococcus aureus	—	—	1	—
Of skin	—	2	—	—	B. influenzae	—	—	4	—
Of suprarenal gland	—	1	—	—	B. coli	—	—	1	—
Of intestines	1	1	—	—	Organism not isolated	—	2	1	5
Of hip	—	1	—	—	Acute serous meningitis	—	1	1	—
Of peritoneum	—	2	1	—	Chronic basilar meningitis	—	1	1	1
Of meninges	—	2	8	—	Haemorrhagic pacchymeningitis	—	—	1	—
Of lung	4	11	1	—	<b>Ear</b>	—	—	—	—
Tuberculous dactylitis	—	1	—	—	Otitis media (acute)	171	155	74	—
Tuberculous arthritis	1	—	—	—	Otitis media (chronic)	—	2	—	—
Tuberculous ulcer	—	1	—	—	<b>Eye</b>	—	—	—	—
Tuberculides	1	—	—	—	Cataract	—	1	5	—
Tuberculous broncho pneumonia	—	1	—	—	Colobomata of choroid	—	—	1	—
Cerebral tuberculoma	—	1	—	—	Ulcer of cornea	—	1	1	—
Tuberculosis contacts	—	27	—	—	Abscess of eye lid	—	1	—	—
Syphilis—					Burn of eye lid	—	—	1	—
Congenital syphilis	19	17	7	—	Abscess of conjunctiva	—	1	—	—
Congenital cerebro spinal syphilis	2	1	1	—	Dermoid cyst in orbit	—	1	—	—
Syphilitic periostitis	—	1	—	—	Conjunctivitis (acute)	13	2	—	—
Subcutaneous gumma	1	—	—	—	Conjunctivitis (phlyctenular)	—	1	—	—
Syphilitic pharyngitis	1	—	—	—	Sympathetic ophthalmia	—	—	—	—
Gonococcus infection—					Entropion	—	1	—	—
Of vagina	—	1	—	—	Acute blepharitis	—	3	—	—
Of conjunctiva	4	2	1	—	Dacrocystitis	—	1	—	—
Of joints	—	1	—	—	Suppurative keratitis	—	1	—	—
<b>Bones and Cartilages</b>					Phlyctenular keratitis	—	1	2	—
Separation of epiphysis	1	—	—	—	Interstitial keratitis	—	—	1	—
Osteomyelitis of jaw	—	1	—	—	Keratitis	—	—	1	—
Acute osteomyelitis	2	3	1	—	Wound of eye	—	—	1	—
<b>Joints</b>					Injury to iris	—	1	3	—
Acute arthritis	2	—	1	—	Iridocyclitis	—	1	—	—
Septic arthritis	—	—	1	—	Iritis	—	2	—	—
Scarlatinal arthritis	2	—	—	—	Prolapse of iris	—	—	2	—
<b>Nervous System</b>					Strabismus	—	4	26	1
Epilepsy	4	19	—	—	Ptosis	—	2	—	—
Status epilepticus	—	1	1	—	Foreign body in eye	—	1	—	—
Convulsions (unknown etiology)	—	3	—	—	Choroiditis	—	—	1	—
Neurasthenia	1	—	—	—	Prolapse of lens	—	1	—	—
Hysteria	1	2	—	—	Abscess of orbit	—	2	—	—
Angioneurotic oedema	—	1	—	—	Buphthalmos	—	—	2	—
Masturbation	—	1	—	—	Sarcoma of eye	—	—	—	—
Habit spasm	—	1	—	—	Photophobia	—	1	—	—
Myositis	—	1	—	—	Optic atrophy	—	—	1	—
Pseudo hypertrophic muscular dystrophy	—	1	—	—	<b>Parasites</b>	—	—	—	—
Microkinesis	—	1	—	—	Intestinal parasites	—	3	—	—
Herpes zoster	—	1	—	—	Pediculosis capitis	—	1	—	—
Transverse myelitis	—	2	—	—	<b>Poisoning</b>	—	—	—	—
Haematomyelia	—	1	—	—	Strychnine	—	2	—	—
Acute anterior poliomyelitis	27	2	6	—	Morphine	—	—	—	1
Chronic anterior poliomyelitis	1	1	—	—	Stramonium	—	1	—	—
Post diphtheritic paralysis	—	1	—	—	Drug (not stated)	—	3	—	—
Bell's palsy	—	1	—	—	<b>Skin, Hair and Nails</b>	—	—	—	—
Defective cerebral development	—	—	—	—	Taenia circinata of scalp	—	1	—	—
ment	—	—	11	1	Psoriasis	—	—	1	—
					Eczema	—	4	13	4
					Dermatitis exfoliativa	—	1	—	—

## MEDICAL REPORT—Continued.

Disease—	Cured	Imp'd	Unim- proved	Died	Disease—	Cured	Imp'd	Unim- proved	Died
Dermatitis seborrhœa	1	1	1	...	Infarction of kidney	1	1	1	...
Dermatitis	3	1	1	...	Nephrosis	1	1	2	...
Burn of skin	1	1	1	...	Nephritis (acute)	4	3	4	...
Intertrigo	2	...	...	...	Nephritis (chronic)	...	3	1	1
Impetigo contagiosa	11	6	2	...	Uraemia	...	1	...	1
Erythema multiforme	1	1	...	...	Pyelonephritis	...	22	5	1
Scabies	12	5	...	...	Pyelitis (acute)	1	1	2	3
Haematoma of scalp	1	...	...	...	Pyelitis (chronic)	...	1	1	...
Onychiae	...	1	1	...	Perirenal abscess	...	1	1	...
Urticaria	2	...	...	...	Calculus in ureter	...	1	...	1
Pemphigus	1	...	...	...	Hydrocele	...	2	1	...
Purpura	3	3	...	...	Phimosis	...	2	2	...
Purpura haemorrhagica	...	1	...	...	Menorrhagia	...	1	...	...
Ichthyosis sebacea	1	1	...	...	Vulvitis	...	1	...	...
Miliaria	1	2	3	...	Laceration of vaginal wall	1	...	1	...
Seborrhœa of scalp	1	...	...	...	Ruptured hymen	...	1	...	1
Xeroderma	1	...	...	...	Acute vaginitis (not gonococcus infection)	1	2	...	...
<b>Miscellaneous</b>									
Asthma	5	3	1	...	<b>Diseases of the New Born</b>				
Acidosis	3	...	1	...	Haemorrhagic disease of new born	2	2	...	...
Acetonaemia	2	...	...	...	Prematurity	18	8	13	37
Diabetes mellitus	9	...	1	...	Omphalitis	2	1	10	...
Intestinal glycosuria	2	...	...	...	Atelectasis	...	1	...	4
Acrodynia	2	1	...	...	Icterus neonatorum	1	1	...	...
Anaphylaxis	1	...	...	...	Cephal haematoma	...	1	...	...
Decomposition	19	34	25	68	Ophthalmia neonatorum (not gonococcus infection)	...	1	...	...
Malnutrition	1	21	1	...	<b>Diseases of the Blood</b>				
Debility	...	28	...	...	Secondary anaemia	22	24	5	1
Rickets	...	42	77	...	Leukaemia (myelogenous)	...	...	...	1
Scurvy	11	1	1	...	Leukaemia (acute lymphatic)	...	...	...	1
Tetany	4	5	3	...	Leukanaemia (acute)	...	1	...	1
Rumination	...	2	...	...	Haemophilia	...	3	...	...
Raynaud's disease	2	...	1	...	<b>Tumour</b>				
Opium addict	2	...	...	...	Of pituitary gland	...	2	...	...
Trauma	1	...	1	...	Of brain	...	2	1	...
Collapse	...	...	1	...	Of cord	...	1	...	...
Cyanosis of unknown origin	1	...	...	...	Naevus	...	1	...	...
Undiagnosed	1	...	...	...	<b>Total</b>				
Observation	14	9	16	...	Total	1617	1113	811	403
<b>Urinary Organs</b>									
Enuresis	2	2	...	...					



GOING TO THE LAKESIDE HOME



HAPPY DAYS AT LAKESIDE.

## SURGICAL REPORT

The Board of Trustees:

Sirs,—In presenting to you a report of the surgical work of this Hospital for the past year, the most important fact to be brought to your attention is the extraordinary contribution to science, and the inestimable benefaction to the human race, which has been made by our late Surgical Resident, Dr. F. G. Banting. The discovery of Insulin, an extract of pancreatic tissue, which contains in concentrated form the active principle of the internal secretion of the pancreas, marks the successful termination of a hundred years of research, and constitutes the most valuable addition to our knowledge of the physiology of the pancreas that has been made since the time of Claude Bernard. It is impossible to estimate at the present time the full clinical value of this discovery, but, from the clinical investigations that have been so far conducted, it seems clear that the discovery of the extract has placed at our disposal a most powerful remedy for the wide-spread disease, diabetes, which hitherto, when fully developed, has baffled all attempts to hold it in control. It should be brought to your attention that it was in the surgical service of this Hospital that Doctor Banting developed his inspiration for scientific investigation, and received the surgical training which enabled him to conduct successfully the experiments on animals which finally led to his epoch-making discovery. It is a matter of extreme satisfaction to the staff of the Hospital, and, I have no doubt, also to the Board of Trustees, that the work of one of our alumni has resulted so dramatically in bringing glory to himself, and in adding to our ability to lessen human suffering.

The surgical work of the Hospital has reached such large proportions in the past few years that it is impossible in a short report to touch on more than topics of special interest. While the routine work of caring for the sick has gone on successfully, several interesting investigations have been conducted which merit the attention of the Board. During the past three years we have been much interested in the sunshine treatment of tuberculosis, to which references have occasionally been made in the daily press. During the summer months the patients suffering from this disease have been taken to the Lakeside Home on the Island, and there exposed to the direct rays of the sun until the whole of their bodies were tanned to almost a mahogany hue. Without a question, the contentions of Rollier and others, who have advocated the treatment, are well founded, and we believe the treatment is a distinct advance in establishing a cure of this dread disease. Unfortunately, it is only possible to provide this treatment at such a place as the Lakeside Home, where the children can be carried out into the sun, and the Lakeside is only habitable during the four summer months; consequently the treatment cannot be carried out during the two-thirds of the year when the patients must stay in the City, and, as a result, their progress towards a cure is correspondingly retarded. So strongly do we feel that this treatment is of value that we are prepared to recommend that at the earliest possible moment the Hospital be provided with a convalescent home in the country, where the sunshine treatment can be carried out throughout the whole year.

Another investigation of interest has been carried out in relation to the healing of fractures. It has been observed that fractures unite in some individuals quite rapidly, whereas in others the process is slow, and sometimes very markedly delayed. Our problem has been to discover the reason for the difference in the rate of healing in these patients, and, if possible to discover a method of increasing the rapidity of the process. In order to make any progress in such an investigation it was necessary for us to enlist the co-operation of an expert chemist, and we found the assistance we required in our own chemical laboratory. Dr. Tisdall has already done much to help in the study of the problem, and we have considerable hope that in the course of time we shall have something of value to report which will assist us in the treatment of fractures.

In last year's report I referred to a brilliant piece of work on the treatment of burns and other conditions which are accompanied by an intense loxaemia, which had been carried out by one of the surgical staff in associa-

tion with the Department of Chemistry. During the past year the surgical procedure which arose from this work, namely, exsanguination transfusion, has been tried out on a large number of patients with very gratifying results. The method consists of replacing the poisoned blood of the patient by an equal quantity of normal healthy blood from a suitable donor, usually one of the parents. As a result of this treatment the mortality from these conditions in the Hospital has been cut in half, and already the method is being commented upon favourably by other institutions.

Since last year we have had further opportunity to observe the results of the method referred to under the name of "Living Sutures." The experiments on animals have now been completed, and it has been demonstrated, as we hoped, that strips of fascia could be used as sutures for the closure of all sorts of anatomical defects, and that the sutures so used could be expected to continue to live unchanged after their transplantation. With this fact established experimentally, we have passed on to employing the method on patients admitted to the wards. As a result we have been able to solve the difficulties in the way of a cure of severe injuries to tendons, recurring dislocation of the knee cap, paralysis of the muscles of the shoulder, congenital drooping of the eyelids, and large and difficult hernia. The latter condition is the one in which the method is of the greatest value, and more particularly in adults. From our experience up to the present we can see no reason why hernias of any type cannot be relieved surgically with certainty of a permanent cure. The method is gradually being adopted in other surgical clinics throughout America and Great Britain, and is being commented upon favourably in literature.

In reporting to you on the surgical work of the Hospital for the year, we feel that you should be advised of the steadily increasing number of patients who are being admitted for the treatment as a result of serious motor accidents. Almost every day children are struck down on the streets and rushed into the Hospital with all kinds of grave injuries. While the majority of these patients do well under surgical treatment, unfortunately many of them are so seriously injured that they are quite beyond human help, and, as a result, our mortality rate in this relation shows an unavoidable increase. I am directing your attention to this fact because of the discussion which is going on at present in the daily press in regard to the increasing number of motor accidents, and I feel that you should be apprised of the seriousness of the problem, and possibly be able to lend assistance to those in authority to bring about its solution.

One other point in regard to the types of patients which are coming for treatment is deserving of your attention. In the past few years we have noticed that there is an increasing number of foreign born children getting past our immigration authorities who are suffering from incurable diseases and deformities, which will prevent their ever becoming good citizens, and which in all probability will make them permanent charges on the public purse. It appears to us that the Board of this Hospital is a proper body to draw this matter to the attention of the Department of Immigration.

The report of the surgical department will not be complete without drawing to the attention of the Board the ever increasing demands of the poor of the City and Province upon the services of the Hospital, and the corresponding diminution in the capacity of our plant and equipment to cope with the situation. The increase in the number of patients attending our Out-Patient Department has been so enormous that the building, which was provided for the purpose only ten years ago, has already become wholly inadequate. Similarly, the demands on our wards and operating equipment are becoming such that we are only able to carry on with difficulty. It seems to us, therefore, that the time has come when the question of the expansion of the Hospital must be considered urgent.

I have great pleasure in reporting to the Board of Trustees the excellent support I have received during the past year from the surgical staff of the Hospital, and in commenting upon the willing and effective co-operation we have received from the other services.

Yours sincerely,

W. EDWARD GALLIE, Surgeon-in-Chief.

## SURGICAL REPORT

October 1, 1921 — September 30, 1922.

Disease—	Cured	Imp'v'd	Unimproved	Died	Disease—	Cured	Imp'v'd	Unimproved	Died
Septicaemia . . . . .	1	1	1	3	Contusion of chest wall . . . . .	1	1	1	1
Contusion of or injury to abdomen . . . . .	3	1	1	1	Gunshot wound in chest wall . . . . .	1	1	1	1
Abdominal haematoma . . . . .	1	1	1	1	Pleurisy with effusion . . . . .	1	1	1	1
Abscess of abdominal wall . . . . .	3	1	1	1	Empyema—non-tuberculous . . . . .	5	3	3	5
Intra-pititoneal haemorrhage . . . . .	1	1	1	1	Pneumo-thorax and pyo-pneumo-thorax . . . . .	1	1	1	1
Peritonitis—diffuse suppurative . . . . .	10	4	1	1	Bronchitis . . . . .	2	2	2	2
Peritonitis—primary . . . . .	2	1	1	1	Broncho pneumonia . . . . .	1	1	1	1
Peritoneal adhesions . . . . .	1	1	1	1	Pulmonary tuberculosis . . . . .	1	1	1	1
Subphrenic abscess . . . . .	1	1	1	1	Surgical emphysema . . . . .	1	1	1	1
Intestinal obstruction . . . . .	1	1	2	1	Epilepsy . . . . .	1	1	1	1
Perforation of intestine . . . . .	1	1	1	1	Cencussion (without fracture of skull) . . . . .	14	7	7	2
Volvulus . . . . .	2	1	1	1	Hydrocephalus . . . . .	1	1	1	1
Congenital malformation of intestines . . . . .	1	1	1	1	Cerebral haemorrhage . . . . .	2	2	2	1
Foreign body in intestines . . . . .	1	1	2	1	Cortical cyst . . . . .	1	1	1	1
Idiopathic dilatation of colon . . . . .	1	1	1	1	Brain tumour . . . . .	1	1	1	2
Intussusception . . . . .	13	1	1	3	Meningocele . . . . .	1	1	1	2
Faecal fistula . . . . .	2	1	1	1	Spina bifida . . . . .	2	1	3	1
Constipation . . . . .	1	1	1	1	Cerebral spinal meningitis . . . . .	1	1	1	1
Pylocic stenosis . . . . .	2	1	1	1	Chronic meningitis . . . . .	1	1	1	1
Foreign body in stomach . . . . .	2	1	1	1	Tuberculous meningitis . . . . .	1	1	1	1
Prolapse of rectum . . . . .	2	1	1	1	Serous meningitis . . . . .	2	1	1	2
Rectal polypus . . . . .	1	1	1	1	Severed nerve . . . . .	1	1	1	1
Ischio rectal abscess . . . . .	1	1	1	1	Musculo-spiral paralysis . . . . .	1	1	1	1
Imperforate anus . . . . .	2	1	1	1	Erb's obstetrical paralysis . . . . .	1	1	1	1
Appendicitis (acute) . . . . .	58	5	1	4	Injury to nerve . . . . .	1	1	1	1
Appendicitis (chronic) . . . . .	7	1	1	4	Birth paralysis—spastic diplegia . . . . .	3	1	1	1
Appendiceal abscess . . . . .	1	1	1	4	Birth paralysis—spastic monoplegia . . . . .	1	1	1	1
Rupture of spleen . . . . .	3	1	1	4	Birth paralysis—spastic hemiplegia . . . . .	2	1	1	1
Patent urachus . . . . .	1	1	1	4	Birth paralysis—spastic paraplegia . . . . .	6	1	1	1
Umbilical polypus . . . . .	1	1	1	4	Hemiplegia . . . . .	1	1	1	1
Inguinal hernia . . . . .	86	2	10	1	Wound of vessel . . . . .	1	1	1	1
Strangulated hernia . . . . .	7	1	1	1	Thrombo Phlebitis . . . . .	1	1	1	1
Ventral hernia . . . . .	1	1	1	1	Secondary haemorrhage . . . . .	1	1	1	1
Umbilical hernia . . . . .	3	1	1	1	Gangrene . . . . .	1	1	1	1
Retro-peritoneal haemorrhage . . . . .	1	1	1	1	Haemorrhagic disease of the new born . . . . .	14	4	1	1
Exomphalos . . . . .	1	1	1	1	Haemophilia . . . . .	2	1	1	1
Rupture of kidney . . . . .	2	1	1	1	Secondary anaemia . . . . .	2	9	9	1
Pyonephrosis . . . . .	1	1	1	1	Shock . . . . .	1	1	1	1
Pyeitis . . . . .	2	1	1	1	Acidosis . . . . .	1	2	1	1
Sarcoma of kidney . . . . .	1	1	1	1	Multiple injuries . . . . .	1	2	1	1
Perinephritic abscess . . . . .	1	1	1	1	Burn . . . . .	13	17	1	16
Tuberculosis of kidney . . . . .	1	1	1	1	Naevus . . . . .	3	1	2	1
Diverticulum of bladder . . . . .	1	1	1	1	Sebaceous or dermoid cyst . . . . .	1	1	1	1
Foreign body in bladder . . . . .	1	1	1	1	Abscess of cheek . . . . .	1	1	1	1
Rupture of urethra . . . . .	1	1	1	1	Wound of face . . . . .	6	1	1	1
Congenital abnormality of vagina . . . . .	1	1	1	1	Cellulitis of face . . . . .	1	1	1	1
Tumour of vagina . . . . .	1	1	1	1	Facial disfigurement due to scar . . . . .	1	1	1	1
Wound of vagina . . . . .	3	1	1	1	Hare-lip . . . . .	11	8	2	1
Adherent clitoris . . . . .	1	1	1	1	Cleft palate . . . . .	9	15	13	1
Menorrhagia . . . . .	1	1	1	1	Hare-lip and cleft palate . . . . .	6	5	1	1
Undescended testicle . . . . .	8	1	1	1	Fibroma of nose . . . . .	1	1	1	1
Gangrene of testicle . . . . .	1	1	1	1	Injury to palate . . . . .	2	1	1	1
Hydrocele of cord . . . . .	2	1	1	1	Ranula . . . . .	2	1	1	1
Torsion of spermatic cord . . . . .	2	1	1	1	Epulis . . . . .	2	1	1	1
Hypopadias . . . . .	1	1	1	1	Salivary fistula . . . . .	1	1	1	1
Phimosis . . . . .	8	2	1	1	Wound of scalp . . . . .	3	2	2	1
Balanitis . . . . .	1	1	1	1	Branchial cyst . . . . .	2	1	2	1
Abscess of perineum . . . . .	2	1	1	1	Cystic hygroma . . . . .	2	1	1	1
Cervical adenitis—suppurative . . . . .	10	12	2	1	G-cellulitis of neck . . . . .	1	1	1	1
Cervical adenitis—tuberculous . . . . .	8	6	1	1	Wound of neck . . . . .	1	1	1	1
Axillary adenitis—suppurative . . . . .	5	1	1	1	Wound of hand . . . . .	1	1	1	1
Iliac adenitis—suppurative . . . . .	1	1	1	1	Wound of hand . . . . .	3	3	3	1
Inguinal adenitis—suppurative . . . . .	7	2	1	1	Foreign body in hand . . . . .	1	1	1	1
Inguinal adenitis—non-suppurative . . . . .	1	1	1	1	Contracture or scar of hand . . . . .	2	1	1	1
Inguinal adenitis—tuberculous . . . . .	1	1	1	1	Wound of arm . . . . .	2	1	1	1
Popliteal adenitis—suppurative . . . . .	1	1	1	1	Abscess of arm . . . . .	1	1	6	6
Thyro-glossal cyst . . . . .	1	1	1	1	Cellulitis of foot . . . . .	2	1	1	1
					Injury or wound of foot . . . . .	4	1	1	1
					Foreign body in foot . . . . .	1	1	1	1
					Ingrown toenail . . . . .	1	1	1	1

## SURGICAL REPORT—CONTINUED.

October 1, 1921 — September 30, 1922.

Disease—	Cured	Imp'v'd	Unin- proved	Died	Disease—	Cured	Imp'v'd	Unin- proved	Died
Wound of leg . . . . .	2	1	·	·	Arthritis of ankle—suppurative . . . . .	2	·	·	·
Ulcer of leg . . . . .	5	2	·	·	Arthritis of ankle—tuberculous . . . . .	3	·	·	·
Abscess of leg . . . . .	2	2	1	·	Synovitis of knee . . . . .	5	·	·	·
Abscess of cellulitis of thigh . . . . .	3	3	·	·	Foreign body in knee . . . . .	3	·	·	·
Wound of thigh . . . . .	4	3	·	·	Arthritis of knee—suppurative . . . . .	2	7	·	·
Abscess of buttock . . . . .	1	·	·	·	Arthritis of knee—non-suppurative . . . . .	·	·	1	·
Wound of buttock . . . . .	2	·	·	·	Arthritis of knee—tuberculous . . . . .	10	·	·	·
Abscess of back . . . . .	·	1	·	·	Ankylosis of knee joint . . . . .	4	·	1	·
Foreign body in back . . . . .	1	·	·	·	Bursitis of knee . . . . .	2	·	1	·
Contusion of back . . . . .	1	·	·	·	Flexion deformity of knee . . . . .	2	·	·	·
Severed tendons . . . . .	·	6	·	·	Arthritis of hip—tuberculous . . . . .	14	3	·	·
Teno-synovitis (tuberculous) . . . . .	·	1	·	·	Arthritis of hip—suppurative . . . . .	1	4	·	·
Teno-synovitis (non-tuberculous) . . . . .	1	·	·	·	Arthritis of hip—non-suppurative . . . . .	·	·	1	·
Ringworm . . . . .	1	·	·	·	Flexion deformity of hip . . . . .	4	17	1	·
Impetigo . . . . .	1	·	·	·	Congenital dislocation of hip . . . . .	4	4	1	·
Undiagnosed . . . . .	·	3	2	·	Perthe's disease . . . . .	·	·	·	·
Normal child . . . . .	·	7	·	·	Sprain of hip . . . . .	2	·	·	·
Tuberculous abscess (thigh) . . . . .	·	1	·	·	Synovitis of hip . . . . .	1	·	·	·
Tuberculous abscess (calf) . . . . .	·	1	·	·	Ankylosis of hip joint . . . . .	4	·	·	·
Tuberculous abscess (psoas) . . . . .	·	4	·	·	Dislocation of elbow . . . . .	1	2	·	·
Diphtheritic infection of wound . . . . .	1	·	4	·	Arthritis of elbow—suppurative . . . . .	1	·	·	·
Non-union of bone . . . . .	·	3	1	·	Arthritis of shoulder—tuberculous . . . . .	·	1	·	·
Enchondroma . . . . .	3	·	·	·	Fracture of mandible . . . . .	1	1	·	·
Brodie's abscess . . . . .	1	·	·	·	Multiple arthritis—non-suppurative . . . . .	3	·	·	·
Haemangioma . . . . .	1	·	·	·	Paralytic deformities due to anterior poliomyelitis . . . . .	54	3	·	·
Fracture of femur . . . . .	38	19	·	1	Talipes equino varus—congenital . . . . .	30	1	·	·
Coxa vara . . . . .	·	3	·	·	Pes cavus—congenital . . . . .	2	·	·	·
Osteomyelitis of femur . . . . .	4	17	·	·	Congenital elevation of scapula . . . . .	1	·	·	·
Separation of epiphysis of femur . . . . .	2	·	·	·	Congenital malformation of fingers . . . . .	1	1	·	·
Fracture of tibia and fibula . . . . .	5	4	·	·	Contracture of hand due scar . . . . .	2	·	·	·
Fracture of tibia . . . . .	4	14	·	·	Pes cavus—paralytic . . . . .	1	·	·	·
Osteomyelitis of tibia . . . . .	2	11	1	1	Talipes Calcaneo—Valgus—Paralytica . . . . .	6	1	·	·
Fracture of fibula . . . . .	2	1	·	·	Talipes Equino Varus—paralytica . . . . .	2	·	·	·
Osteomyelitis of fibula . . . . .	1	·	·	·	Talipes varus—paralytica . . . . .	18	·	·	·
Fracture of tarsal bone . . . . .	·	1	·	·	Talipes Equino Valgus—paralytica . . . . .	2	·	·	·
Tuberculosis of metatarsus . . . . .	1	·	·	·	Osteomyelitis of calcio . . . . .	6	1	·	·
Osteomyelitis of metatarsal bone and phalanges (foot) . . . . .	1	1	1	·	Genu varum . . . . .	5	·	·	·
Fracture of metatarsal bone and phalanges (foot) . . . . .	·	1	·	·	Amputation stump . . . . .	2	·	·	·
Tuberculosis of phalanx . . . . .	1	·	·	·	Scoliosis . . . . .	3	8	1	·
Fracture of ilium . . . . .	1	·	·	·	Torticollis . . . . .	·	1	·	·
Osteomyelitis of ilium . . . . .	1	3	·	·	Syphilis of bone . . . . .	·	1	·	·
Osteomyelitis of ischium . . . . .	·	1	·	·	Congenital syphilis . . . . .	·	1	·	·
Fracture of pelvis . . . . .	3	·	·	·	Total . . . . .	560	639	110	68
Osteomyelitis of scapula . . . . .	3	·	·	·	<b>Ear, Nose and Throat Report</b>				
Fracture of clavicle . . . . .	1	5	·	·	Foreign body in ear . . . . .	1	·	·	·
Fracture of humerus . . . . .	12	28	·	·	Otitis media (acute) . . . . .	4	16	2	·
Osteomyelitis of humerus . . . . .	1	3	·	·	Otitis media (chronic) . . . . .	1	10	1	·
Separation of epiphysis of humerus . . . . .	1	·	·	Mastoiditis (acute) . . . . .	28	46	4	·	
Fracture of radius and ulna . . . . .	1	8	·	Mastoiditis (chronic) . . . . .	2	24	3	·	
Fracture of radius . . . . .	2	8	·	Post aural adenitis . . . . .	1	·	·	·	
Osteomyelitis of radius . . . . .	1	·	·	Post aural sinus . . . . .	5	9	·	·	
Fracture of ulna . . . . .	1	7	·	Pre aural abscess . . . . .	·	·	·	1	
Osteomyelitis of ulna . . . . .	1	·	·	Foreign body in bronchus . . . . .	·	1	·	·	
Osteomyelitis of metacarpal bone and phalanges (hand) . . . . .	2	2	·	Stricture of larynx . . . . .	1	1	·	·	
Dactylitis (tuberculous) . . . . .	·	1	1	Papilloma of larynx . . . . .	3	·	·	·	
Osteomyelitis of occipital bone . . . . .	·	1	·	Laryngitis . . . . .	4	1	·	·	
Fracture of skull . . . . .	19	17	1	Defective speech . . . . .	·	2	·	·	
Osteomyelitis of inferior maxilla . . . . .	·	1	·	Foreign body in oesophagus . . . . .	5	8	3	·	
Alveolar abscess of inferior maxilla . . . . .	3	1	·	Stricture of oesophagus . . . . .	8	3	1	·	
Pott's disease—cervical . . . . .	1	·	·	Acute nasopharyngitis . . . . .	1	1	·	·	
Pott's disease—dorsal . . . . .	1	5	4						
Pott's disease—lumbar . . . . .	·	11	4						
Dislocation of cervical vertebrae . . . . .	·	·	·						
Spondylitis . . . . .	1	·	·						
Fracture of ribs . . . . .	1	·	1						
Osteomyelitis of pubis . . . . .	1	·	·						
Sprain of ankle . . . . .	2	1	·						

## SURGICAL REPORT—CONTINUED.

October 1, 1921 — September 30, 1922.

Disease—	Cured.	Imp'v'd.	Unimproved.	Died.	Disease—	Cured.	Imp'v'd.	Unimproved.	Died.
Retro pharyngeal abscess		1			Peritonsillar abscess	3			
Scald of mouth and throat	1				Adenoids	8			
Neurotic dysphagia	1				Tonsils and adenoids	1760	42	3	
Fracture of nose		1			Haemorrhage following re- moval of tonsils	12			
Polypus in nose	2				Antrum of highmore (sup- purative of)		3	1	
Deformity of nose		1			Osteomyelitis of frontal bone	1			
Rhinitis (acute)		1			Undiagnosed			3	
Deflected septum	11	13	1		Sinusitis—frontal		2		
Abscess of septum	1				Total	1868	195	28	1
Haematoma of nose		1							
Haematoma of septum	1	1							
Hypertrophy of turbinates	5	3							
Tonsillitis (acute)	15	3							



GROUNDS—LAKESIDE HOME.

## SURGICAL OPERATIONS

October 1, 1921 — September 30, 1922.

Operations—	Total.	Operations—	Total.
Craniotomy .....	2	Amputation .....	5
Decompression of fracture of skull.....	7	Ligation of vessel .....	1
Trephining .....	7	Blood transfusion .....	271
Subtemporal decompression .....	3	Exsanguination .....	84
Intercostal drainage .....	2	Suturing of wound .....	6
Resection of rib .....	18	Excision of wound .....	27
Exploratory laparotomy .....	5	Removal of foreign body.....	8
Laparotomy for drainage.....	8	Plastic operation .....	1
Operation for hypertrophic pyloric stenosis .....	22	Skin grafting .....	10
Operation for intestinal perforation.....	1	Pedunculated flap graft .....	2
Reduction of intussusception.....	15	Excision of scar tissue.....	1
Resection of intestine.....	1	Repair of cleft palate.....	22
Operation for abdominal adhesion.....	1	Repair of hare lip .....	30
Appendectomy .....	74	Operation for congenital elevation of scapula .....	1
Splenectomy .....	3	Manipulation of club foot.....	25
Reduction of prolapsus ani .....	1	Ober operation for club foot.....	1
Operation for imperforate anus.....	2	Steindler's operation for claw foot.....	2
Repair of inguinal hernia.....	93	Excision of meningocele .....	3
Repair of umbilical hernia.....	3	Excision of tumour .....	16
Operation for cure of exomphalos.....	1	Excision of naevus .....	2
Repair of patent urachus.....	1	Freezing of naevus .....	1
Intestinal anastomosis .....	2	Transpleural drainage of subphrenic abscess .....	1
Reduction of volvulus .....	3	Galvano-cauterization .....	1
ileostomy .....	1	Curettetment of abscess .....	1
Nephrectomy .....	2	Excision of ulcer .....	2
Cystoscopic examination .....	1	Excision of cyst .....	12
Suprapubic cystotomy .....	1	Incision for drainage .....	141
Urethrotomy .....	1	Excision of lymph glands .....	9
Repair of urethra .....	1	Application of plaster jacket .....	4
Circumcision .....	1	Application of plaster spica .....	15
Replacement of undescended testicle .....	8	Application of wedging plaster .....	4
Dorsal slit .....	4	Operation for ingrown toenail .....	1
Orchiectomy .....	2	Cauterization .....	2
Excision of hydrocele .....	3	Hibb's operation .....	1
Removal of ovary .....	1	Briseion force .....	1
Amputation of clitoris .....	1	Excision of salivary gland .....	1
Replacement of undescended testicle .....	4	<b>Eye, Ear, Nose and Throat Operations.</b>	
Excision of diverticulum of bladder .....	1	Enucleation .....	4
Removal of head of radius .....	1	Needling of cataract .....	10
Osteotomy .....	22	Resection and tenotomy of rectus .....	6
Reduction of fracture .....	228	Skin graft .....	1
Reduction of displaced epiphysis .....	1	Iridectomy .....	2
Open reduction of fracture .....	11	Removal of cyst .....	1
Bone graft .....	1	Tenotomy of eye .....	24
Spinal bone graft .....	5	Suturing torn lids .....	1
Sequestrectomy .....	36	Plastic operation .....	2
Obliteration of bone cavity .....	1	Excision of lacrimal sac .....	2
Astragalectomy .....	11	Removal of lens .....	2
Souter's operation .....	4	Incision of abscess .....	2
Removal of bone plate .....	1	Correction of ptosis .....	1
Reduction of dislocation .....	2	Submucous resection of nasal septum .....	23
Open reduction of dislocation .....	4	Mastoid (simple) .....	96
Reduction of congenital dislocation of hip .....	11	Mastoid (conservative) .....	4
Arthroscopy .....	2	Removal of adenoids .....	12
Arthrodesis .....	18	Removal of tonsils and adenoids .....	1834
Excision of joint .....	3	Trimming of turbinates .....	9
Tendon transfer .....	12	Incision of post auricular abscess .....	11
Tendon fixation .....	8	Incision of septal abscess .....	1
Tendon lengthening .....	24	Drainage of haematoma of septum .....	2
Freeing of tendon .....	1	Dilatation of stricture of oesophagus .....	19
Tenotomy .....	25	Removal of foreign body in oesophagus .....	5
Suturing of tendon .....	12	Examination of oesophagus .....	3
Fasciotomy .....	1	Removal of papilloma of larynx .....	3
Fascial transplant .....	1	Bronchoscopic examination .....	10
Suturing of nerve .....	2	Reduction of fracture of nose .....	1
Freeing of nerve .....	1	Incision of retro pharyngeal abscess .....	1
Stoeffel's operation .....	8	Removal of polypus .....	2
Examination under anaesthetic .....	1	Drainage of frontal sinus .....	3
Exploratory incision .....	5	Total .....	3485

## THE REPORT OF OTO-LARYNGOLOGICAL SERVICE.

To the Chairman, Board of Trustees:

Sir,—I beg to present to you a report of the oto-laryngological service for the past year.

This department has in the past eighteen months undergone a complete reorganization. In undertaking this, it was essential at the outset to change the nature of the staff. Previously the members of this staff held, in addition, appointments at other hospitals, and although the work was attended to in a way, there was no concentration of interest, which is so essential to progression and efficiency. It was necessary to gradually build up a staff whose sole interest would be centred in this Hospital, and whose point of view would enable recognition of the very peculiar problems found in individuals in a state of growth, such as we have as patients. It is gratifying to report that a most satisfactory start has been made, and also that one of the staff holds a full term appointment in the University under the Rockefeller grant. The importance and value of this to the Hospital cannot be over-emphasized.

The service originally was hampered by not having separate wards for its own patients. We have now these separate wards with proper examination and investigation rooms adjacent. This arrangement satisfies all ordinary needs. With such proper accommodation many more patients are being admitted, and as a result the operative work has very greatly increased—this, in addition to the increase in operative work of the surgical service, has so overcrowded the facilities of the present operating rooms, that the only solution seems to be the addition of another full-sized operating room.

The capacity of the wards is barely sufficient for present needs, and in the near future, with the inevitable growth in the work of the service, more accommodation will be sought.

Valuable work of investigation is being carried on by the staff, and with such wealth of clinical material available, it is hoped that contributions to scientific knowledge will be regularly made.

The work in the Out-Patient Department has been re-arranged to meet the ever-increasing demands. The number of clinics has been doubled, and special days arranged for special cases. In addition an extra clinic is held one afternoon a week for further investigation of cases requiring more time than that at the regular clinic allows. An important phase of these clinics is the educative campaign carried on, so that parents may obtain sufficient information to properly attend to these troubles in their children.

The operations for tonsils and adenoids take place every afternoon except in the hot weather of summer, which is a very bad time for such operations. With the increasing number of patients presenting themselves in need of this operation, it will be necessary to reconsider this problem in all its aspects, and outline a policy which will satisfactorily meet the situation. All the work in the Out-Door is hampered by insufficient accommodation due to the tremendous increase in the number of patients.

The importance of this special work in children cannot be over-estimated, and the part to be played in the community by a clinic of this sort is a most responsible one. So far only a start has been made, but I am sure that with the continuance of the very thoughtful support which we have had from your Board in the past that this service will advance to the very high standards already attained by the medical and surgical services of this Hospital.

I am,

Yours very truly,

EDMUND BOYD,

Surgeon-in-Chief, Department of Laryngology.

## REPORT FROM DEPARTMENT OF PATHOLOGY.

A comparison of the laboratory records for the past few years shows a steady increase in the amount of bacteriological work done in this department; the year just past showing an increase of 10 per cent. on that of the previous year. On the other hand, there has been a considerable decrease in the number of autopsies performed. This is partially due to the decrease in the total number of deaths in hospital.

One phase of the work which is demanding considerably more time is the testing of patients for sensitivity to proteins. Altogether 44 patients were tested during the year. The actual number of tests applied was on an average of 18 per patient. The majority of the patients were referred from the chest and skin clinics suffering from bronchial asthma, hay fever, urticaria and eczema. In the majority of cases, the results have been most encouraging and have proved valuable in determining the course of treatment, while, in other cases, they have been very disappointing. This work in particular, as well as the ordinary laboratory routine, has been very much handicapped because of the lack of space. There is scarcely room in the laboratory for the staff, much less for the patient, who is usually accompanied by the mother and a nurse. The same applies to the testing of donors for blood transfusion. While the accompanying report shows that 470 patients were grouped for transfusion, it was necessary to test the blood of 1,319 individuals in order to secure suitable donors. So that with the increasing numbers of patients and others, who must, of necessity, come to the laboratory, we are finding it more and more difficult to carry on our regular work, and better accommodation for the laboratory staff is becoming more urgent.

The following is a summary of the work done:

### (A) BACTERIOLOGICAL AND TISSUE WORK

Blood Cultures (120 positive) .....	336	Protein sensitization tests .....	44
Smears for Gonococci .....	411	Pneumococci typed .....	25
Stools (36 positive) .....	68	Guinea pigs inoculated for tuberculo- sis (16 positive) .....	43
Widal Tests .....	29	Guinea pigs inoculated for other or- ganisms .....	4
Urines .....	270	Tissues examined .....	257
Patients grouped for transfusion .....	470	Miscellaneous .....	768
Nose, Throat and Ear Cult for diph- theria bacilli (371 positive) .....	1,739	Total .....	4,956
Cerebro-spinal Fluids examined .....	138		
Sputums examined .....	129		
Pus from wounds and abscesses .....	225		

## (B) POST-MORTEN EXAMINATIONS

Acidosis .....	1	Meningitis—	
Acute intestinal intoxication .....	23	Basilar, chronic .....	1
Atelectasis (congenital) .....	3	Meningococci .....	1
Atresia of duodenum (congenital) .....	2	Influenza .....	3
Birth injury .....	1	Pneumococcio .....	6
Bronchitis (acute) .....	3	Streptococcio .....	3
Burns .....	5	Tuberculous .....	8
Carditis .....	4		— 22
Chicken pox .....	1	Nephritis .....	5
Cirrhosis of liver .....	1	Nephrosis .....	1
Congenital heart .....	1	Obstruction (intestinal) .....	3
Cretinism .....	1	Omphalitis (acute) .....	6
Decomposition .....	31	Omphalophlebitis .....	2
Defective cerebral development .....	1	Ophthalmitis G.C. .....	1
Diabetes mellitus .....	1	Osteomyelitis of skull .....	1
Dilation of heart (acute) .....	2	Peritonitis (acute) .....	10
Diphtheria .....	3	Peritonitis (tuberculous) .....	1
Dyspepsia (acute) .....	1	Pneumonia, broncho, non-tuberculous .....	27
Emphysema (surgical) .....	1	Pneumonia, broncho, tuberculous .....	2
Empyema .....	4	Pneumonia, lobar .....	5
Encephalitis .....	1	Poisoning (strychnine) .....	1
Endocarditis .....	2	Polioencephalitis .....	1
Epilepsy .....	1	Poliomyelitis .....	2
Erysipelas .....	3	Prematurity .....	16
Fermentative diarrhoea .....	3	Pyaemic kidney .....	1
Fractured skull .....	2	Pyelonephritis .....	2
Haemorrhage—		Pyloric stenosis .....	2
Abdominal, traumatic .....	1	Rickets .....	1
Carotid .....	1	Scarlet fever .....	1
Cerebral .....	4	Scurvy .....	1
	—	Sepsis neonatorum .....	1
Hydrocephalus—		Septicemia .....	11
Internal .....	4	Spina bifida .....	2
External .....	1	Syphilis (congenital) .....	5
	—	Tuberculosis .....	5
Idiocy, Amaurotic .....	1	Tumors, cystic basal cell carcinoma of	
Idiocy, Mongolian .....	1	infundibulum .....	1
Ileo colitis .....	6	Glioma cerebellar .....	1
Imperforate anus .....	1		— 2
Intussusception .....	4		269
Leukemia .....	2		
Mastoiditis .....	1		

Respectfully submitted.

I. H. ERB,  
Pathologist.

## THE REPORT OF THE X-RAY DEPARTMENT.

In the course of the past year the X-Ray Department has accumulated much valuable material in the form of both photographs and radiographs of a great variety of conditions. During the last two years a cross-index has been kept of all cases in which positive radiological findings are made, and it has already grown to large proportions.

This enables us to produce at short notice examples of radiographs, illustrating all the common diseases of childhood, and many of the rarer ones as well, and is thus of the greatest value for teaching purposes. Lectures in Radiology as applied to children are given to the students of the Fifth Year of the University throughout the term, as well as a brief series comprising a part of the Summer post-graduate course in Paediatrics.

A system of filing radiographs with the histories of the patients, as devised by Dr. Howard Price of the Royal Victoria Hospital, Montreal, has been adopted by us so far as it applies to Surgical In-Patients. This is of particular value in the various chronic cases, requiring a long series of X-ray examinations, as it means filing all of a patient's radiographs under one cover, where they are readily available for purposes of comparison.

X-ray treatment has hitherto constituted but a small part of the work of this department, but has proved very successful in a number of conditions. Many skin lesions in children have responded well to it, especially those of eczematous type; also Ringworm and Favus of the Scalp, for which we have produced complete depilation on a large number of cases, with uniformly excellent results. A number of cases of Enlarged Thymus in infants have been treated with good success.

The following is a summary of the year's work:—

Total number of cases examined.....	3,513	Cases of osteomyelitis .....	180
Fracture cases .....	1,725	Other bone and joint conditions.....	223
Fracture of radius and ulna.....	450	Chest cases .....	750
Fracture of humerus .....	254	Cases of foreign bodies (coins, pins, etc.) swallowed .....	30
Fracture of tibia and fibula .....	185	Fluoroscopic examinations .....	460
Fracture of femur .....	174	Treatments given .....	270
Fracture of skull .....	44	Complete depilations of head for cure of ring-worm .....	56
Other fractures .....	618	Total number of radiographs made...	7,076
Displaced epiphysis .....	21	Photographs made for hospital records	340
Cases of tuberculous hip .....	90		
Cases of tuberculous spine .....	60		

Respectfully submitted,

A. H. ROLPH.

